MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

06420

CERTIFICATE OF DEATH

Reg. Dist. No. 234

1. PLACE OF DEATH:
County Prince George
City or town Oxon Hill maryland
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Prince George
City or town Rural
(If outside city or town limits, write RURAL and give nearest town)
Street No. 7301 Oxon Hill Rd S.E
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME Ernest Joseph Adams

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married.

6.(b) Name of husband or wife Amelia Moser Adams
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Jan 23rd 1875

8. AGE: Years 75 | Months | Days | If less than one day ..... hrs. ..... min.

9. Birthplace Riverview, Prince Geo's Co. (Town, county, and state)
10. Usual occupation Carpenter
11. Industry or business Building

FATHER
12. Name Austin F. Adams
13. Birthplace Fairfax va.

MOTHER
14. Maiden name Isabelle E. Hatton
15. Birthplace Unknown

16. Informant Amelia Moser Adams
Address 7301 Oxon Hill Rd S.E.

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 6-1950 (month) (day) (year)
Cemetery or crematory Cedar Hill Cemetery
Location Suitland, Maryland

18. Funeral director Simmons Bros
Address 2007 Nichols ave S.E.

19. June 4 1950 Ernest J Beall Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH June 3 1950 at 6:00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 7 1950 to May 29 1950 and that I last saw h.e. alive on May 29 1950

Immediate cause of death	DURATION
Acute Cardiac Failure	
Due to Arterio-Sclerotic Hypertension and disease	2 yrs
Due to	
Other conditions Diabetes Mellitus	2 yrs
443x Post Traumatic Psychosis (Include pregnancy within 3 months of death)	23 yrs

61
Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Anna Coyne Todd M.D.
M. D. or other
Address 74 Palmer Rd S.E. Date signed 6/14/50

302 V9

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

06421

Reg. Dist. No. 239

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel — LENGTH OF STAY (in this place) Since 12-11-1948
HOSPITAL OR INSTITUTION OR STREET ADDRESS Laurel Sanitarium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel
STREET ADDRESS (If rural, give location) 419 Montgomery St.

3. NAME OF DECEASED (Type or Print): (First) CLARA (Middle) PRICE (Last) ADKINS

4. DATE OF DEATH: (Month) June (Day) 19 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. ~~SINGLE~~, ~~MARRIED~~, WIDOWED, ~~DIVORCED~~, (Specify)

8. DATE OF BIRTH: April 1870

9. AGE last birthday: 80 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Washington, D.C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Price

14. MOTHER'S MAIDEN NAME: Virginia Mc Farland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Unknown — (If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: William H. McDonald 419 Montgomery St. Laurel, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Myocarditis - Endocarditis	Many Years
909.7 Antecedent cause(s)		
186a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteri sclerotic Brain Disease	" "
	(c) Impacted fracture - left hip	3-27-1950

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT ☑ SUICIDE ☐ HOMICIDE ☐ (Specify) Fall

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Sanitarium — (CITY OR TOWN) Laurel, (COUNTY) Prince Georges, (STATE) Maryland

TIME OF INJURY (Month) (Day) (Year) (Hour) March 27 1950 6:30 p.m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? Fall from the toilet.

22. I hereby certify that I attended the deceased from 5-16, 1949, to 6-19, 1950, that I last saw the deceased alive on 6-18, 1950, and that death occurred at 3 9. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

James P. Sands M.D. Laurel Sanitarium Laurel, Md. 6-19-1950

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE 6/21/50 — NAME OF CEMETERY OR CREMATORY Wash. D.C. — LOCATION (City, town, or county) (State) Cedar Hill

DATE REC'D BY LOCAL REG. June 19-1950 — REGISTRAR'S SIGNATURE M. Brashears

24. FUNERAL DIRECTOR — ADDRESS Lee Funeral Home - Wash D.C.

RECEIVED
JUN 21 1950
BUREAU V. A.

MARYLAND STATE DEPARTMENT OF HEALTH

06422

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 232

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly — LENGTH OF STAY (In this place) D.C.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Gen Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Pr. Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riva
STREET ADDRESS (If rural, give location) S. Side of South Shore.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
John	Richard	Allen, Sr.	June	24	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	Apr. 13, 1891	52 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Clerk	Automobile	New Port News, Va	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Jackie Scott Allen	Mary Elizabeth Whittington

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
		John R. Allen, Jr.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) C.V. congestive heart failure	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary Occlusion	
(c) Cardiovascular renal disease	

420.1
1310

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
John D. Maloney	M.D. Dep. Med. Exam.	Cheverly-Hyattsville Md.	6-24-50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	6/26/50	Mt. Oak	Mitchellville, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
June 26, 1950	R. Emil Smith	Ritchie Bros	Upper Marlboro Md.

26669

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUN 27 1950
BUREAU V. S.

06423

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 230

1. PLACE OF DEATH:

County: PRINCE GEORGES

City or town: GREENBELT
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 6 YEARS

Hospital, institution, or street address where death occurred: 20-H- HILLSIDE RD.

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: MARYLAND County: PR. GEO.

City or town: GREENBELT
(If outside city or town limits, write RURAL and give nearest town)

Street No.: 20 H HILLSIDE RD.
(If rural, give LOCATION)

2.(a) If veteran, name war: NONE

3.(a) FULL NAME: JOHN GUST BERG

3.(b) Social Security Number: 473-05-0457

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
MALE	White	WIDOWED

6.(b) Name of husband or wife: HILDA SOPHIA

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): 1935 MAY 14th, 1872

8. AGE:

Years	Months	Days	If less than one day
78	1	10	..... hrs. ..... min.

9. Birthplace: CHICAGO CITY MINNESOTA
(Town, county, and state)

10. Usual occupation: JANITOR

11. Industry or business: SCHOOL + FACTORY

FATHER
12. Name: JOHN
13. Birthplace: SWEDEN

MOTHER
14. Maiden name: ANNA
15. Birthplace: SWEDEN

16. Informant: JOHN CLARENCE BERG (SON)
Address: 20H HILLSIDE RD. GREENBELT, MD.

17. BURIAL (Burial, cremation, or removal. Which?) Date thereof: JUNE 27/1950 (month) (day) (year)

Cemetery or crematory: FORT LINCOLN CEMETERY

Location: COLMAR MANOR, MD.

18. Funeral director: W.W. CHAMBERS CO.
Address: RIVERDALE MD

19. June 26 1950 (Date rec'd by registrar) John D. Smith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: JUNE 24 1950, at 5 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from JULY 1946, to JUNE 24 1950 and that I last saw him alive on JUNE 21 1950

Immediate cause of death	DURATION
CHRONIC PULMONARY TUBERCULOSIS	4 YRS. +
Due to	
Due to	
Other conditions: SENILITY, GENERALIZED ARTERIOSCLEROSIS	

(Include pregnancy within 3 months of death)

Major findings of operations: —

13b Date of op. —

Autopsy results: —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ..... Injured at work?

23. SIGNATURE: Irwin M. Grossgreen, M.D. M.D. or other

Address: Mt. Rainier, Md. Date signed: 6-24-50

74091

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUN 28 1950
BUREAU V. S.

06424

MARYLAND STATE DEPARTMENT OF HEALTH

·2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 745

1. PLACE OF DEATH · COUNTY Prince Georges · MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville | LENGTH OF STAY (in this place) 2 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS Hyattsville Rest Home

2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Maryland · COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berwyn Md.
STREET ADDRESS (If rural, give location) 8914 Baltimore avenue

3. NAME OF DECEASED (Type or Print) (First) George Patterson (Middle) Bewley (Last)

4. DATE OF DEATH (Month) (Day) (Year) June 23, 1950

5. SEX male | 6. COLOR OR RACE white | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married | 8. DATE OF BIRTH 11/5/1869 | 9. AGE last birthday 80 yrs. | If under 1 year Months Days | If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Contractor | 10b. KIND OF BUSINESS OR INDUSTRY Builder | 11. BIRTHPLACE (State or foreign country) New Zeland | 12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME John P Bewley | 14. MOTHER'S MAIDEN NAME Jane Patterson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | 16. SOCIAL SECURITY NO. none | 17. INFORMANT AND ADDRESS Wm S Bewley Berwyn Maryland.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Thrombosis with — Interval between onset and death: 2 hrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) right hemiplegia
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Generalized arteriosclerosis — 10 yr +

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) Neither | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from APRIL, 1950, to JUNE, 1950, that I last saw the deceased alive on June 22, 1950, and that death occurred at 3 A m., from the causes and on the date stated above.

SIGNATURE A. L. Etienne (Degree or title) M.D. ADDRESS College Park Md. DATE SIGNED 6-26-50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	6/26/50	Ft Lincoln Cemetery	Colmar Manor Md.

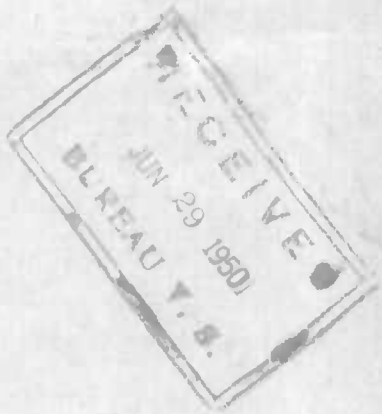
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
June 26, 1950	James Devery	F. Gasch's Sons	Hyattsville Md.

15619

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING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JUN 29 1950
BUREAU T. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06425

CERTIFICATE OF DEATH

Reg. Dist. No. 230

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY Prince George — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berwyn
LENGTH OF STAY (in this place) 2 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5012 Iroquois St.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland — COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berwyn
STREET ADDRESS (If rural, give location) 5012 Iraquois St.

3. NAME OF DECEASED (Type or Print): (First) KATIE (Middle) NEVEL (Last) BOLTON

4. DATE OF DEATH: (Month) June (Day) 16, (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Aug. 23, 1885

9. AGE last birthday: 64 yrs. — If under 1 year: Months 9 Days 23 — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home-maker

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Cornelius McDonald

14. MOTHER'S MAIDEN NAME: Elizabeth E. Stewart

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT AND ADDRESS: Wm. C. Bolton 246-4th.St.N.E., D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
158x Immediate cause	(a) Metastatic Carcinoma of Lung	1 yr
46h Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Carcinoma of Greater Omentum	3 years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/13, 1949, to 6/16, 1950, that I last saw the deceased alive on 6/16, 1950, and that death occurred at 11:05 P.m., from the causes and on the date stated above.

SIGNATURE Louis Mendel (Degree or title) M.D. ADDRESS College Park Md DATE SIGNED 6/17/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 6/19/50 — NAME OF CEMETERY OR CREMATORY: Mt. Zion Cemetery — LOCATION (City, town, or county) (State): Bethesda, Md.

DATE REC'D BY LOCAL REG.: June 17-1950 — REGISTRAR'S SIGNATURE: John D. Smith — 24. FUNERAL DIRECTOR: Robert W. Dunphrey — ADDRESS: Bethesda, Md.

RECEIVED
JUN 20 1950
BUREAU V. M.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06426

CERTIFICATE OF DEATH

Reg. Dist. No. 232

1. PLACE OF DEATH
COUNTY Prince Georges
MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Upper Marlboro
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE
COUNTY md
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN up marlboro
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Effie (Middle) Gwynn (Last) Bowie

4. DATE OF DEATH (Month) June (Day) 22 (Year) 1950

5. SEX F

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, ~~DIVORCED~~, (Specify)

8. DATE OF BIRTH Feb 20 1869

9. AGE last birthday 81 yrs. If under 1 year Months Days; If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) house wife

10b. KIND OF BUSINESS OR INDUSTRY Own home

11. BIRTHPLACE (State or foreign country) Baltimore md

12. CITIZEN OF WHAT COUNTRY? U S

13. FATHER'S NAME Andrew Jackson Gwynn

14. MOTHER'S MAIDEN NAME Louise Keene

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT A. Keene Bowie

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Thrombosis

420.1

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

93d

(b) Chr Myocarditis

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. no

19a. DATE OF OPERATION no

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 1950, to June 22, 1950, that I last saw the deceased alive on June 22, 1950, and that death occurred at 6 15 A m., from the causes and on the date stated above.

SIGNATURE A. Keene Bowie (Degree or title) MD ADDRESS DATE SIGNED 6/22/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF 6/24/50

NAME OF CEMETERY OR CREMATORY Trinity Episcopal

LOCATION (City, town, or county) (State) Upper Marlboro, Md.

DATE REC'D BY LOCAL REG. 6-23-50

REGISTRAR'S SIGNATURE R. Ernest Smith

24. FUNERAL DIRECTOR Ritchie Bros.

ADDRESS Upper Marlboro, Maryland

VS-A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JUN 26 1950
BUREAU V. M.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

06427

Reg. Dist. No. 1831

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

1. PLACE OF DEATH: COUNTY Prince George's — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glendale
LENGTH OF STAY (in this place) 14 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glendale
STREET ADDRESS (If rural, give location) U. S. Plant Introduction Gardens

3. NAME OF DECEASED (Type or Print): (First) Frederick (Middle) C. (Last) Bradford

4. DATE OF DEATH: (Month) June (Day) 27, (Year) 1950

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: Feb 4, 1887

9. AGE Last birthday: 63 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Scientist

10b. KIND OF BUSINESS OR INDUSTRY: U. S. Gov't

11. BIRTHPLACE (State or foreign country): Massachusetts

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Fred J. Bradford

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Wm. Robert Bradford Glendale Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) Coronary Thrombosis — 5 minutes

131a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive cardio-renal disease — 3 years

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 14, 1947, to 6-26, 1950, that I last saw the deceased alive on May 16, 1950, and that death occurred at 8:15 A m., from the causes and on the date stated above.

SIGNATURE Hans Wedel (Degree or title) M.D. ADDRESS 30-B Bridge Rd. Greenbelt, Md. DATE SIGNED 6/27/50

23. BURIAL, CREMATION, REMOVAL (Specify): transportation | DATE THEREOF 6/29/50 | NAME OF CEMETERY OR CREMATORY: Woodlawn Cemetery | LOCATION (City, town, or county) (State): Wellesley Massachusetts

DATE REC'D BY LOCAL REG. 6/28/50 | REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR: F. Gasch's Sons Hyattsville Md. ADDRESS

6/29/50 Mrs. Agnes M. Giesking

52 77

RECEIVED
JUL 3 1950
BUREAU OF S.S.

06428

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 240

1. PLACE OF DEATH: COUNTY Prince George's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brandywine
LENGTH OF STAY Transient
HOSPITAL OR INSTITUTION OR STREET ADDRESS Route # 301

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Virginia COUNTY West Moreland
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Templemans Cross Road.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) William (Middle) Dallas (Last) Burrell
4. DATE OF DEATH (Month) 6 (Day) 10 (Year) 50 19

5. SEX Male
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Divorced
8. DATE OF BIRTH Oct 1921
9. AGE last birthday 28 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck Driver
10b. KIND OF BUSINESS OR INDUSTRY Lumber
11. BIRTHPLACE (State or foreign country) Virginia
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Howard Burrell
14. MOTHER'S MAIDEN NAME Ethel McKenney

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Harvey Randolph Burrell

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

816.5 Immediate cause (a) Hemorrhage and shock

170c Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Crushed chest and abdomen

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Road
(CITY OR TOWN) Brandywine (COUNTY) P. G. (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) 6/10/50 3:30A.
INJURY OCCURRED While at work ☒ Not while at work ☐
HOW DID INJURY OCCUR? Head on collision of truck and auto

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒ suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE James D. Boyd (Degree or title) M. D. ADDRESS Forestville, Md. DATE SIGNED 6/10/50

23. BURIAL, CREMATION REMOVAL (Specify) Removal
DATE THEREOF 6/10/50
NAME OF CEMETERY OR CREMATORY Oldhams
LOCATION (City, town, or county) (State) Virginia

DATE REC'D BY LOCAL REG. 6/10/50
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR F. Gasche Son Hyattsville Md ADDRESS

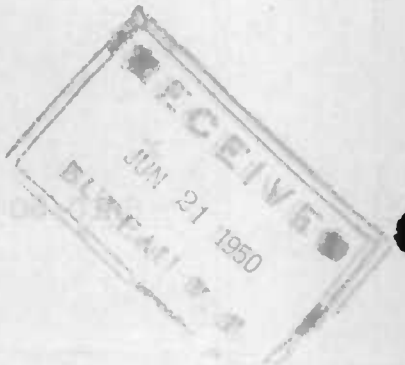
Sign Here also Mrs. F. H. Billingsley

42009

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A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JUN 21 1950

06429

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH· COUNTY: Prince Georges MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED· STATE: Maryland COUNTY: Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Riverdale — LENGTH OF STAY (in this place): 2 days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: University Park
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Eugene Leland Mem. Hospital	STREET ADDRESS (If rural, give location): 4211 Woodberry Street

3. NAME OF DECEASED (Type or Print)	(First) Frank	(Middle) Emile	(Last) Carpenter	4. DATE OF DEATH	(Month) June	(Day) 9,	(Year) 1950
5. SEX: Male	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married	8. DATE OF BIRTH: Jan. 1, 1880	9. AGE last birthday: 70 yrs.	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Chef. Restaurant	10b. KIND OF BUSINESS OR INDUSTRY: Unemployed	11. BIRTHPLACE (State or foreign country): England	12. CITIZEN OF WHAT COUNTRY? U.S.				
13. FATHER'S NAME: Jewel Carpenter	14. MOTHER'S MAIDEN NAME: Elise Borrel						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: ?	17. INFORMANT AND ADDRESS: Hospital Records					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
260x	Immediate cause	(a) Coronary occlusion	2 days
61	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic Heart Dis	2 years
		(c) Diabetes mellitus	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from 6-27, 1944, to June 9, 1950, that I last saw the deceased alive on June 9, 1950, and that death occurred at 1:00 p.m., from the causes and on the date stated above.

SIGNATURE: L. W. Malin MD (Degree or title) ADDRESS: 4404 Queensbury Road Riverdale, Md. DATE SIGNED: June 9, 1950

23. BURIAL, CREMATION REMOVAL (Specify): transportation	DATE THEREOF: 6/9/50	NAME OF CEMETERY OR CREMATORY: Pittsburg	LOCATION (City, town, or county) (State): Pennsylvania
DATE REC'D BY LOCAL REG.: June 9 1950	REGISTRAR'S SIGNATURE: Mrs. Jas. Severe (Deputy) Local	24. FUNERAL DIRECTOR: F. Gascha sons	ADDRESS: Hyattsville Md

72071

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 13 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

06430

Reg. Dist. No. 245

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Prince George; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale; LENGTH OF STAY (in this place) 4/5/50-6/13/50; HOSPITAL OR INSTITUTION OR STREET ADDRESS Eugene Leland Memorial Hosp. Riverdale, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Prince George; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN College Park; STREET ADDRESS (If rural, give location) 7404 Rhode Island Ave

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Nellie	Weston	Crisp	June	13	19 50

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	married	11/20/1873	76 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own Home	Baltimore	U.S.

13. FATHER'S NAME: Harrison Clay Cadwallader

14. MOTHER'S MAIDEN NAME: Sarah Jane Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral hemorrhage (multiple)	4-5-50
331 X 121 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) due to atherosclerosis	to 6-13-50
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Acute appendicitis & partial obstruction of bowel	6-5-50

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
6-5-50	acute diverticulitis - perf appendicitis	Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

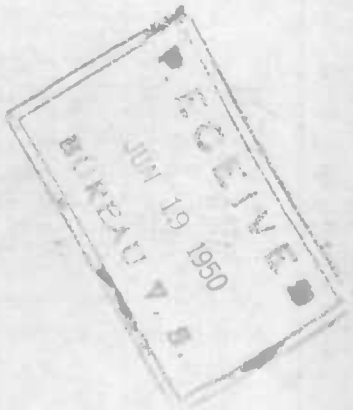
22. I hereby certify that I attended the deceased from 6-5, 1950, to 6-13, 1950, that I last saw the deceased alive on 6-13, 1950, and that death occurred at 9:12 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

K B Wissinger MD 4404 Queensbury Rd. Riverdale 6-13-50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	6/16/50	London Park	Baltimore Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
June 14, 1950	James Devery	F Tasche Sons	Hyattsville Md


RECEIVED
JUN 19 1950
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06431

CERTIFICATE OF DEATH

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly | LENGTH OF STAY (in this place) 2 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George General Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Rainier
STREET ADDRESS (If rural, give location) 3409 Bunker Hill Rd.

3. NAME OF DECEASED (Type or Print): (First) CAROLina (Middle) ANGELL (Last) Crown

4. DATE OF DEATH: (Month) June (Day) 1 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Aug. 26 1888

9. AGE last birthday: 61 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): H.W.

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Charles Hawman

14. MOTHER'S MAIDEN NAME: Hildrue Hawsley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Frank Crown - husband

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) SHOCK

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) MESENTERIC THROMBOSIS

(c) HYPERTENSIVE, ARTERIOSCLEROTIC HEART DISEASE

420.0

93d

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Asthma

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to June 1, 1950, that I last saw the deceased alive on June 1, 1950, and that death occurred at 4:45 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

David A Claymaw M.D. | 6311 Baltimore Ave Riverdale Md | 6/1/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: 6/3/50 | NAME OF CEMETERY OR CREMATORY: Ft Lincoln | LOCATION (City, town, or county) (State): Colmar Manor Md

DATE REC'D BY LOCAL REG. 6/2/50 | REGISTRAR'S SIGNATURE: Amanda Dowley

24. FUNERAL DIRECTOR | ADDRESS: F. Gascha Sons Hyattsville Md

RECEIVED
JUN 3 1950
BUREAU V. S.

06432

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 234

1. PLACE OF DEATH: 4912 - Deal Drive
COUNTY: Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Oxon Hill — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Pr. Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Oxon Hill
STREET ADDRESS (If rural give location): 4912 Deal Drive

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) H. (Last) Dean
4. DATE OF DEATH: (Month) 6 (Day) 8 (Year) 1950
5. SEX: Male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: Oct. 11, 1900
9. AGE last birthday: 49 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Electrician
10b. KIND OF BUSINESS OR INDUSTRY: P.E. Power Co.
11. BIRTHPLACE (State or foreign country): Queen Anne Co. Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Marion C. Deal
14. MOTHER'S MAIDEN NAME: Nettie Miller
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.: 577-09-3350
17. INFORMANT: Ethel W. Dean, wife

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

162x Immediate cause (a) Bronchogenic Carcinoma — 5 Mo. ?

Antecedent cause(s)

47c Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Multiple Metastases — 3 Mo. ?

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 22, 1950, to June 8, 1950, that I last saw the deceased alive on 6 June, 1950, and that death occurred at 12 40 p.m., from the causes and on the date stated above.

SIGNATURE: Sidney W. Lowry (Degree or title) M.D. — ADDRESS: 3829 Penn. Ave. S.E. — DATE SIGNED: 6/8/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 6/10/1950 — NAME OF CEMETERY OR CREMATORY: — LOCATION (City, town, or county) (State): Dover, Delaware

DATE REC'D BY LOCAL REG.: June 8/50 — REGISTRAR'S SIGNATURE: Howard I. Beall

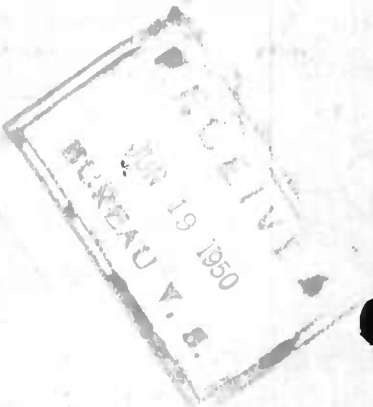
24. FUNERAL DIRECTOR: Wm. J. Nalley's Funeral Home — ADDRESS: 522-8th St. S.E. Wash. 3, D.C.

31458

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15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MAR 19 1950
BUREAU V. S.

06433

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (in this place) 5 1/2 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges General

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Naylor
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Anna (Middle) W B (Last) Duvall

4. DATE OF DEATH (Month) June (Day) 6 (Year) 1950

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH July 8, 1874
9. AGE last birthday 75 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Teacher
10b. KIND OF BUSINESS OR INDUSTRY? Public Schools
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME
14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Mrs Elmira Baden Naylor, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.0 Immediate cause (a) Pulmonary Edema with atelectasis

Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive arteriosclerotic heart disease

(c) Ascites.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) no
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 2, 1950, to June 6, 1950, that I last saw the deceased alive on June 6, 1950, and that death occurred at 9:15 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) James E. Sarsevi M.D. — ADDRESS Upper Marlboro, Md. — DATE SIGNED 6-6-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 5/9/50
NAME OF CEMETERY OR CREMATORY St. Thomas
LOCATION (City, town, or county) Croom (State) Md

DATE REC'D BY LOCAL REG. June 7/1950
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR Ritchie Bros. ADDRESS Upper Marlboro, Md.

V3491

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VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUN 8 1950
BUREAU W.S.

06434

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 243

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glenn Dale (rural)
LENGTH OF STAY (in this place) 5 yrs., 2 mo., & 13 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenn Dale Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D. C. COUNTY –
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 1458 Columbia Rd., N. W.

3. NAME OF DECEASED (Type or Print) (First) POLLY (Middle) M. (Last) EDMONDSON

4. DATE OF DEATH (Month) JUNE (Day) 17 (Year) 1950

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 7/4/1918
9. AGE last birthday 31 yrs. If under 1 year Months – Days – If under 24 hrs. Hours – Min. –

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Waitress
10b. KIND OF BUSINESS OR INDUSTRY –
11. BIRTHPLACE (State or foreign country) Carroll, Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME James B. Edmondson
14. MOTHER'S MAIDEN NAME Margaret A. Grimes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) –
16. SOCIAL SECURITY NO. 578-16-8384
17. INFORMANT AND ADDRESS Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Tuberculosis — INTERVAL BETWEEN ONSET AND DEATH 5 yr. 5 mo.

002 X

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

13b

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from APRIL 4, 1945, to JUNE 17, 1950, that I last saw the deceased alive on JUNE 17, 1950, and that death occurred at 7.00 A. m., from the causes and on the date stated above.

SIGNATURE Daniel Leo Finucane (Degree or title) M.D. ADDRESS Glenn Dale Sanatorium Glenn Dale, Md. DATE SIGNED 6/17/50

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify)
DATE THEREOF 6/20/1950
NAME OF CEMETERY OR CREMATORY Providence Cemetery
LOCATION (City, town, or county) (State) Gamber, Md.

DATE REC'D BY LOCAL REG. 6/18/50
REGISTRAR'S SIGNATURE Noel Weiss
24. FUNERAL DIRECTOR C. M. Waltz, Winfield. ADDRESS Md.

78099

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 23 1950
BUREAU U. S.

06435

Evidence for addition in 18 shown on:

MARYLAND STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 231

FILM No. G 126 JUN 16 1950

1. PLACE OF DEATH — COUNTY: Prince George's — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bladensburg — LENGTH OF STAY (In this place): 3 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 3409 - Kennilworth Ave

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Prince George's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bladensburg
STREET ADDRESS (If rural give location): 3409 - Kennilworth Ave

3. NAME OF DECEASED (Type or Print): (First) Margit (Middle) Fierstine (Last) Fierstine
4. DATE OF DEATH: (Month) June (Day) 7 (Year) 1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Female	White	Married	June 11 1907	42 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own Home	Sweden	U.S.A.

13. FATHER'S NAME: Fredrick Johnson
14. MOTHER'S MAIDEN NAME: Ellah (Last name unknown)
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Frank Fierstine Husband

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

322.2 **Immediate cause** (a) Acute cardio-respiratory failure

772 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Pneumonia -

(c) Alcoholic (6/16/50 akc)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
John D. Maloney M.D. Dep. Med. Exam.	Cheverly-Hyattsville Md	5-8-50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	10 June 1950	Evergreen Cemetery	Bladensburg, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6/9/50	Amanda Downey	E. Hasch's Sons Hyattsville	Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUN 12 1950
BUREAU V. S.

06436

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. M45

1. PLACE OF DEATH- COUNTY PRINCE GEORGE MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED- STATE Maryland COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RIVERDALE — LENGTH OF STAY (in this place) 3 years	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RIVERDALE
HOSPITAL OR INSTITUTION OR STREET ADDRESS Residence	STREET ADDRESS (If rural give location) 5301 Taylor Road

3. NAME OF DECEASED (Type or Print)	(First) SARAH	(Middle) PRISCELLA	(Last) FISKE	4. DATE OF DEATH	(Month) June (Day) 3, (Year) 1950
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH Oct. 2, 1874	9. AGE last birthday 75 yrs.	If under 1 year Months / Days / If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife - Retired	10b. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (State or foreign country) Maine	12. CITIZEN OF WHAT COUNTRY? U. S. A.		
13. FATHER'S NAME ? Collins	14. MOTHER'S MAIDEN NAME ? Baldwin				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service) None	16. SOCIAL SECURITY NO. None	17. INFORMANT Mr. James W. Fiske			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

904.0 Immediate cause (a) Cardio-Vascular Renal Disease

Antecedent cause(s)

186a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized Arteriosclerosis

(c) Fractured Left Hip

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home	(CITY OR TOWN) Riverdale, Md. (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) Jan 25, 1950 2 A.m.	INJURY OCCURRED While at Work ☐ Not While At work ☒	HOW DID INJURY OCCUR? Accidental Fall in Home

22. I hereby certify that I attended the deceased from Jan 10, 1950, to June 3, 1950, that I last saw the deceased alive on 6-2, 1950, and that death occurred at 8:15 p.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
J. Deitz	M.D.	Hyattsville Md	6-3-50

23. ~~BURIAL~~, CREMATION ~~REMOVAL~~ (Specify) CREMATION	DATE JUNE 5 1950	NAME OF CEMETERY OR CREMATORY CEDAR HILL CREMATORY	LOCATION (City, town, or county) SUITLAND, (State) MARYLAND
DATE REC'D BY LOCAL REG. June 4" 1950	REGISTRAR'S SIGNATURE Mrs Jas Severe	24. FUNERAL DIRECTOR W. W. CHAMBERS, CO.,	ADDRESS RIVERDALE, MD

M

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

Dr. John T. Maloney Deputy Coroner Notified
6/3/50 and approves. mcf.

Evidence for addition in 18 shown on:

06437

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

FILM No. G 126 JUN 20 1950

Reg. Dist. No. 945

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Prince George — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Rainier — LENGTH OF STAY (In this place) 18 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Leland Memorial Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D. C. — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural give location) 1629-44th Place S.E.

3. NAME OF DECEASED (Type or Print): (First) Esther (Middle) (Last) Foote

4. DATE OF DEATH: (Month) (Day) (Year) 6-10-1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: August 10-1916

9. AGE last birthday: 33 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Grand Rapids, Michigan

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Frank Kline

14. MOTHER'S MAIDEN NAME: Esther Marie Kline.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Delbert M. Foote

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH cardiac dilatation — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cx. cardiac dilatation

4343 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized toxemia: not due to pregnancy. (6-19-50 - ams)

95c (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☒.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John J. Maloney M.D. Dep. M.E. Prince George Cheverly Hyattsville, Md 6-10-50

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: June 13-1950 | NAME OF CEMETERY OR CREMATORY: Cedar Hill | LOCATION (City, town, or county) (State): Suitland, Pr. Ge. Md.

DATE REC'D BY LOCAL REG. 6-10-50 | REGISTRAR'S SIGNATURE: Amanda Dourley

6-12-50 James Berry

24. FUNERAL DIRECTOR: Simms Bros. | ADDRESS: 2007 Nichols Ave S.E. Washington, D.C.

RECEIVED
JUN 13 1950
BUREAU V. S.

06438

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. ~~216~~ 230

1. PLACE OF DEATH · COUNTY: PRINCE GEORGE MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · ~~STATE~~ COUNTY: WASHINGTON, D.C.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: COLLEGE ~~HEIGHTS~~ PARK — LENGTH OF STAY (in this place): 2 MONTHS	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: WASHINGTON
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 4608 BEECHWOOD ~~DRIVE~~ RD	STREET ADDRESS (If rural, give location): 3717 INGOMAR ST, N.W. ✓

3. NAME OF DECEASED (Type or Print): (First) Israel (Middle) Moore (Last) Foster

4. DATE OF DEATH: (Month) JUNE (Day) 10, (Year) 1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M	W	M	Jan 12 1873	77 yrs.	4	28		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Lawyer	retired	ATHENS, OHIO	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
FRANKLIN EVERMONT FOSTER	MARY RICE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
no	None	RUTH FOSTER LITTLEPAGE 4608 BEECHWOOD DR, COLLEGE PK, MD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral thrombosis	1 hr.
422.1 Antecedent cause(s)		
93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Left femoral thrombosis	3 mo.
	(c) Cardio vascular disease	8 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
Mar 17, 50	Left femoral thrombosis - amputation left leg	Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
—	—			

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
— m.		

22. I hereby certify that I attended the deceased from Jan, 1940, to June 10, 1950, that I last saw the deceased alive on June 8, 1950, and that death occurred at 5 30 m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Edgar E. Quayle M.D.	1822 Biltmore St. N.W. Wash. D.C.	6/10/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	6-12-50	Rock Creek Cemetery	Washington, D. C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6-9-50	Helen Kowalk	Lewis A. Humphrey - Bethesda, Md.	

Mr. John D. Smith

V2693

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 13 1960
BUREAU

06439

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 542

1. PLACE OF DEATH — COUNTY: Prince George — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Seat Pleasant — LENGTH OF STAY (in this place): 13 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md. — COUNTY: Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Seat Pleasant
STREET ADDRESS (If rural, give location): 536 Addison Rd.

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): GEORGE W. FOWLER SR.
4. DATE OF DEATH (Month) (Day) (Year): June 23 1950

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Apr. 17, 1909
9. AGE last birthday: 41 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Grocer
10b. KIND OF BUSINESS OR INDUSTRY: Self
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William D. Fowler
14. MOTHER'S MAIDEN NAME: Grace E. Procter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: George H. Fowler Jr.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 Immediate cause (a) Coronary heart disease — INTERVAL BETWEEN ONSET AND DEATH: 2 or 3 years

94a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary thrombosis — attack about 4 hrs

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 23, 1950, to June 23, 1950, that I last saw the deceased alive on June 23, 1950, and that death occurred at 430 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Rapgar M.D. — ADDRESS: P.O. Seat Pleasant, 19 Md. Lock Box 549 — DATE SIGNED: June 23/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: June 26, 1950 — NAME OF CEMETERY OR CREMATORY: Washington National — LOCATION (City, town, or county) (State): Suitland Md.

DATE REC'D BY LOCAL REG.: June 24-50 — REGISTRAR'S SIGNATURE: Carrie F. Campbell — 24. FUNERAL DIRECTOR: J. William Fee's Sons Co. — ADDRESS: 300-4th St. N.E. Wash. D.C.

15661

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 28 1950
BUREAU F. S.

06440

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 243

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Glenn Dale (Rural)
LENGTH OF STAY (in this place): 4mo., & 18 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Glenn Dale Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: D. C. — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural, give location): 2025 Eye St., N. W. ✓

3. NAME OF DECEASED (Type or Print): (First) ROSE (Middle) (Last) FRYE

4. DATE OF DEATH: (Month) 6 (Day) 21 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 3/6/1896

9. AGE last birthday: 54 yrs. — If under 1 year: Months —; Days —; If under 24 hrs.: Hours —; Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Statistical clerk

10b. KIND OF BUSINESS OR INDUSTRY: Bu., of Internal Revenue

11. BIRTHPLACE (State or foreign country): Phila., Pa.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James B. Holt

14. MOTHER'S MAIDEN NAME: May Fordner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service): NO

16. SOCIAL SECURITY NO.: 577-36-4807

17. INFORMANT AND ADDRESS: Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) pulmonary embolism	5 Minutes
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) pulmonary tuberculosis	3½ yrs.
	(c)	

002 X
131

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-3, 1950, to 6-21, 1950, that I last saw the deceased alive on 6-21, 1950, and that death occurred at 8 a. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Daniel Lee Pinucane M.D.

ADDRESS: Glenn Dale Sanatorium, Glenn Dale, Md.

DATE SIGNED: 6/21/50

23. BURIAL, CREMATION / REMOVAL (Specify)

DATE THEREOF: 6/21/50

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county) (State): Wash. D.C.

DATE REC'D BY LOCAL REG.: 6/22/50

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR, ADDRESS: The S. H. Hines Co. 2401 St. N.W.

26697

RECEIVED
JUN 26 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06441

CERTIFICATE OF DEATH

Reg. Dist. No. 345

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Brentwood. Pr. Geo. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brentwood | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3916 Webster. St

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD COUNTY Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brentwood
STREET ADDRESS (If rural, give location) 3916 Webster

3. NAME OF DECEASED (Type or Print): (First) ALONZO (Middle) (Last) GIBSON
4. DATE OF DEATH: (Month) 6 (Day) 20 (Year) 1950
5. SEX: Male
6. COLOR OR RACE: Col
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 4-11-93
9. AGE last birthday: 57 yrs. If under 1 year: Months. 2 Days 9 | If under 24 hrs.: Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Operator
10b. KIND OF BUSINESS OR INDUSTRY: Photography
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Albert Gibson
14. MOTHER'S MAIDEN NAME: Not Known
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If year, give war or dates of service): War 1
16. SOCIAL SECURITY NO.:
17. INFORMANT: Rosa Gibson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pulmonary Embolism — 10 m

Antecedent cause(s) (b) Pleural Effusion

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-7, 1950, to 6-20, 1950, that I last saw the deceased alive on 6-16, 1950 and that death occurred at 7:30 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

Hayward W. Chrystelle, M.D. 38-0-St. Hyattsville Md. 6-20-50

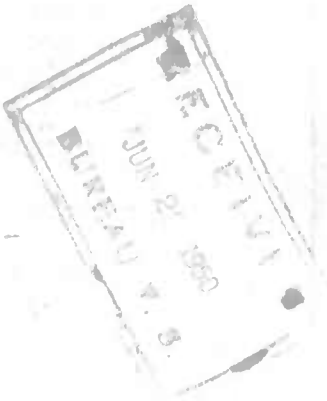
23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE 6-28-50 | NAME OF CEMETERY OR CREMATORY: Arlington National | LOCATION (City, town, or county): Arlington | (State): Va.

DATE REC'D BY LOCAL REG. June 20, 1950 | REGISTRAR'S SIGNATURE: James Severs

24. FUNERAL DIRECTOR: Frazier's Funeral Home | ADDRESS: 389 R I

49689

N. W.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JUN 2 1960
BUREAU

06442

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince Geo Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sunny Brook, Hyattsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY Prince Geo Hosp.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
STREET ADDRESS (If rural, give location) 4115-54 Pl.

3. NAME OF DECEASED (Type or Print) (First) LAWRENCE (Middle) EDWARD (Last) GILLCHREST
4. DATE OF DEATH (Month) JUNE (Day) 17 (Year) 1950

5. SEX M
6. COLOR OR RACE W
7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify) MARRIED
8. DATE OF BIRTH 11/13/1879
9. AGE last birthday 70 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret Baker
10b. KIND OF BUSINESS OR INDUSTRY Holtz Berlein Bky 7th St
11. BIRTHPLACE (State or foreign country) Halifax Co.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Joseph L. Gillchrest
14. MOTHER'S MAIDEN NAME Elvira White Hudson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY No. 577-05-1284
17. INFORMANT AND ADDRESS Lillian G. Gillchrest

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
161x	Immediate cause	(a) Extrinsic Carcinoma of Larynx	18 mo
	Antecedent cause(s)		
47a	Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
		(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 8, 1949, to June 17, 1950, that I last saw the deceased alive on June 17, 1950 and that death occurred at 11 15 A m., from the causes and on the date stated above.

SIGNATURE Harry F Davies (Degree or title) MD ADDRESS 1835 Eyl St NW Wash (6) DC DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) DATE 6/19/50 NAME OF CEMETERY OR CREMATORY Ft Lincoln LOCATION (City, town, or county) Colmar Manor, (State) Md.

DATE REC'D BY LOCAL REG. 6/17/50 REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR The S. H. Hines Co. ADDRESS 2901 14th St Wash DC.

300 XV

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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JUN 20 1950
BUREAU V. S.

06443

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 243

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Glenn Dale (Rural)
LENGTH OF STAY (in this place): 1 mo., 9 da
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Glenn Dale Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: D.C. — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural, give location): 801- 25'th St., N.W.

3. NAME OF DECEASED (Type or Print): (First) ESTELLE (Middle) (Last) GREEN

4. DATE OF DEATH: (Month) June (Day) 25th (Year) 1950

5. SEX: Female

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: 12/24/06

9. AGE last birthday: 43 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Washington, D.C.

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: John Warren

14. MOTHER'S MAIDEN NAME: Lula Abran

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: (lost)

17. INFORMANT AND ADDRESS: Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

002 Immediate cause (a) Pulmonary Tuberculosis — Interval Between Onset and Death: 4 mos

13b Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour): m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/15, 1950, to 6/25, 1950, that I last saw the deceased alive on 6/25, 1950, and that death occurred at 10:10 P m., from the causes and on the date stated above.

SIGNATURE: Daniel Lee Finucane (Degree or title) M.D.

ADDRESS: Glenn Dale Sanatorium, Glenn Dale, Maryland

DATE SIGNED: 6/25/50

23. BURIAL, CREMATION / REMOVAL (Specify): — DATE THEREOF: June 28-50 — NAME OF CEMETERY OR CREMATORY: Woodlawn — LOCATION (City, town, or county) (State): Washington D.C.

DATE REC'D BY LOCAL REG.: 6/26/50 — REGISTRAR'S SIGNATURE: Mol Weiss

24. FUNERAL DIRECTOR: James W. Edmonson — ADDRESS: 2006-9th St. N.W.

52086

VS. A15

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JUL 3 1950
BUREAU V. B.

06444

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH — COUNTY: Prince George — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cheverly, Md. — LENGTH OF STAY (in this place): 48 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Prince George Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Pr. George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: College Park, Md.
STREET ADDRESS (If rural, give location): 4805 Guilford

3. NAME OF DECEASED (Type or Print): (First) Helen (Middle) (Last) Greene
4. DATE OF DEATH: (Month) June (Day) 23 (Year) 1950
5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH: Aug. 14, 1869
9. AGE last birthday: 80 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own home
11. BIRTHPLACE (State or foreign country): Philadelphia Pa
12. CITIZEN OF WHAT COUNTRY: USA
13. FATHER'S NAME: Joseph Green
14. MOTHER'S MAIDEN NAME: Ann Elizabeth Rower
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Heart failure	3 days
Antecedent cause(s)	(b) Arteriosclerotic cardiovascular disease	6 years
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Pneumonia	2 weeks
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Hypertrophic arthritis	6 years

422.1
93d

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-5, 1950, to 6-23, 1950, that I last saw the deceased alive on 6-23, 1950, and that death occurred at 10:35 P m., from the causes and on the date stated above.

SIGNATURE: K. D. Bauer — (Degree or title): MD. — ADDRESS: 4314 Ballantine St. Hyattsville, Md. — DATE SIGNED: 6-23-50

23. BURIAL, CREMATION REMOVAL (Specify): Removal — DATE: 6/24/50 — NAME OF CEMETERY OR CREMATORY: Pearson funeral home — LOCATION (City, town, or county) (State): Arlington Pa
DATE REC'D BY LOCAL REG.: 6/24/50 — REGISTRAR'S SIGNATURE: Amanda Downey — 24. FUNERAL DIRECTOR: F. Gasch's sons Hyattsville Md — ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 27 1960
BUREAU V. S.

06445

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 705 Local Reg 240

1. PLACE OF DEATH:
County Prince George
City or town Brandywine
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 10 yrs
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Pr George
City or town Brandywine
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME Irene Greene

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	C	Widow

6.(b) Name of husband or wife
6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1893

8. AGE: Years	Months	Days	If less than one day
57			hrs. min.

9. Birthplace Prince Geo Co Brandywine Md (Town, county, and state)
10. Usual occupation Housewife - Self
11. Industry or business

FATHER 12. Name	Charles Campbell
13. Birthplace	P Geo Co Md
MOTHER 14. Maiden name	Narruda Jones
15. Birthplace	P Geo Co Md

16. Informant Joseph Greene
Address Brandywine Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof June 16 1950 (month) (day) (year)
Cemetery or crematory St Johns
Location Piscataway Md
18. Funeral director Hewitt & Ryon
Address Waldorf Md
19. 6-15-50 (Date rec'd by registrar) F. H. Billingsley Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 12 1950, at P M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 27 1949 to June 12 1950 and that I last saw h... alive on June 12 1950

Immediate cause of death	DURATION
Carcinoma of the Bladder	unknown
Due to	
Due to	
Other conditions	

181 A
526 (Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Edwin L Lane M.D. M. D. or other
Address Waldorf Md Date signed 6/15/50

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Be sure the correct one is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

RECEIVED
JUN 21 1950
BUREAU V. E.

06446

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Prince George's — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly | LENGTH OF STAY (in this place) 40 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Gen. Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kent Village.
STREET ADDRESS (If rural, give location) 7342 Forrest Rd.

3. NAME OF DECEASED (Type or Print): (First) Lydia (Middle) (Last) Hagemann
4. DATE OF DEATH: (Month) June (Day) 25 (Year) 1950

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow.
8. DATE OF BIRTH: 2 Sept 1879
9. AGE last birthday: 70 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Norway
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: ? Engebretsen
14. MOTHER'S MAIDEN NAME: ? Mathilde

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: John Hagemann Kent village Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cachexia, Inanition

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Esophageal obstruction, due to atony

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Generalized arteriosclerosis

539.1
116

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-1, 19 50, to 6-24, 19 50, that I last saw the deceased alive on 6-24, 19 50, and that death occurred at 10 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Dayton O Watkins MD — ADDRESS — DATE SIGNED 6-25-50

23. BURIAL, CREMATION, REMOVAL (Specify) Cremation — DATE 6/26/50 — NAME OF CEMETERY OR CREMATORY Cedar Hill — LOCATION (City, town, or county) (State) Suitland Md

DATE REC'D BY LOCAL REG. 6/26/50 — REGISTRAR'S SIGNATURE Cumanda L Downey

24. FUNERAL DIRECTOR — ADDRESS T Gaschen Sons Hyattsville Md

RECEIVED
JUN 27 1950
BUREAU V. S.

Evidence for addition in #18 shown on;

06447

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

FILM No. G 126 JUN 20 1950

Reg. Dist. No. 242

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Croom — LENGTH OF STAY (In this place) Twelve
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Croom
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
James	Albert	Harper	June	7	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE Last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	Colored	Married	about 1879	70 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer Odd Emp.	Farm owner	Maryland	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Henry Harper	Rena Forbes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
		Maude Arnold

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Exhaustion, Dementia

181 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 522 (b) Generalized Carcinomatosis

(c) Primary site unknown, but impression that it was either the bladder or prostate. (6-19-50 - ams)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
James A. Boyd	M.D.	Forestville Md	6-7-50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	6-11-50	Brooks Chapel		Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
June 10-50	Carrie F. Campbell	Rollins Funeral Home	Washington, D.C.

VS. A15A

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RECEIVED
JUN 13 1950
BUREAU V. S.

06448

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH:

County: Pr. Geo.

City or town: Brentwood
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Pr. Geo.

City or town: Brentwood
(If outside city or town limits, write RURAL and give nearest town)

Street No. 4504 Church Street
(If rural, give LOCATION)

2.(a) If veteran, name war: —

3. (a) FULL NAME VM John Hawkins

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	C	Widowed

6.(b) Name of husband or wife: Marie Ann Hawkins (Deceased) 6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Jan 8, 1881

8. AGE: Years 69 | Months | Days | If less than one day ..... hrs. ..... min.

9. Birthplace: Charles Co, Maryland
(Town, county, and state)

10. Usual occupation: Engineer

11. Industry or business: Naval Gun Factory

FATHER
12. Name: Edward J. Hawkins
13. Birthplace: Charles Co, Maryland

MOTHER
14. Maiden name: Charity ??
15. Birthplace: Charles Co., Maryland

16. Informant: Sadie Green

Address: 4440 "E" St. S.E. Wash. D.C.

17. Burial (Burial, cremation, or removal, Which?) Date thereof: June 22, 1950 (month) (day) (year)

Cemetery or crematory: Paynes Cemeter

Location: 160 Benning Rd NE. Washington, D.C.

18. Funeral director: John T. Stewart

Address: 30 H Street, N.E.

19. 6-19 1950 (Date rec'd by registrar) Amanda Downey Registrar

6-30 50 James Sevy

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 19, 1950, at ..... M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 12-15-49 19..., to 6-19-50 and that I last saw him alive on 6-17-50 19...

Immediate cause of death: Carcinoma of Pancreas — DURATION

Due to:

Due to: Carcinoma of Pancreas

Other conditions: 157X 46g
(Include pregnancy within 3 months of death)

Major findings of operation: (for) Lo P. Freedmen Hosp.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: no Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: J C Olivet M.D. M. D. or other

Address: 1981 - 11th Ave Date signed: 6-19-50

35601

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correctness is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

RECEIVED
JUN 22 1950
BUREAU V. S.

06449
#230

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 1838

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr. Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Beltsville — LENGTH OF STAY (in this place) Transit	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berwyn Heights
HOSPITAL OR INSTITUTION OR STREET ADDRESS Route 1.	STREET ADDRESS ? (If rural give location)

3. NAME OF DECEASED (Type or Print)	(First) Frank	(Middle) L.	(Last) Jones	4. DATE OF DEATH	(Month) June (Day) 22 (Year) 1950
5. SEX M.	6. COLOR OR RACE W.	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) ✓	8. DATE OF BIRTH unknown	9. AGE last birthday 59 yrs.	If under 1 year Months / Days; If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sheet metal worker	10b. KIND OF BUSINESS OR INDUSTRY ?	11. BIRTHPLACE (State or foreign country) unknown	12. CITIZEN OF WHAT COUNTRY? ?		
13. FATHER'S NAME unknown	14. MOTHER'S MAIDEN NAME unknown				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) ?	16. SOCIAL SECURITY NO. ?	17. INFORMANT Police Dept, Hyattsville Md			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

812.5 **Immediate cause** (a) Hemorrhage & shock

170C **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Multiple fractures & lacerations of body

(c) Struck by automobile

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE OF INJURY (Home, farm, factory, street, office bldg, etc.) Street — (CITY OR TOWN) Beltsville - (COUNTY) Prince Georges, (STATE) Md.

TIME OF INJURY (Month) 6 (Day) 22 (Year) 50 (Hour) 2:70 A.m. — INJURY OCCURRED While at work ☐ Not while at work ☒ — HOW DID INJURY OCCUR? Struck by automobile - (pedestrian)

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE John J. Maloney M.D. (Degree or title) Dep. Med. Exam. ADDRESS Cheverly - Hyattsville, Md DATE SIGNED 6-22-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 6/28/50	NAME OF CEMETERY OR CREMATORY Evergreen	LOCATION (City, town, or county) Bladensburg Md (State)
DATE REC'D BY LOCAL REG. 6/28/50	REGISTRAR'S SIGNATURE Amanda Downey	24. FUNERAL DIRECTOR F. Gasch's sons	ADDRESS Hyattsville Md

John D. Smith

36249

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15A

RECEIVED
JUL 7 1950
BUREAU V. S.

06450

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 231

M

MARGIN RESERVED FOR BINDING

I

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly, Md — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Pr. Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale, Maryland
STREET ADDRESS (If rural, give location) 4810 - Ravenswood Rd.

3. NAME OF DECEASED (Type or Print): (First) Oscar (Middle) HEWETT (Last) Jones

4. DATE OF DEATH: (Month) June (Day) 14 (Year) 1950

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED

8. DATE OF BIRTH: Nov. 10, 1873

9. AGE last birthday: 76 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): PRODUCE CLERK

10b. KIND OF BUSINESS OR INDUSTRY: WHOLESALE Business

11. BIRTHPLACE (State or foreign country): NEW JERSEY

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JEREMIAH JONES

14. MOTHER'S MAIDEN NAME: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO — (If year, give war or dates of service) NONE

16. SOCIAL SECURITY No.: UNKNOWN

17. INFORMANT AND ADDRESS: BLANCHE N. JONES 4810 RAVENWOOD RD. RIV. MD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Acute heart failure	3 weeks
422.1 Antecedent cause(s)		
1860 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic cardiovascular disease	5 years
	(c) Bronchopneumonia	1 week

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Fracture of right femoral neck — 1 week

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY: (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-6, 1950, to 6-14, 1950, that I last saw the deceased alive on 6-14, 1950, and that death occurred at 3:19 P m., from the causes and on the date stated above.

SIGNATURE R.B. Bauer M.D. (Degree or title) ADDRESS 4314 Oakview St. Hyattsville, Md. DATE SIGNED 6-14-50

23. BURIAL, CREMATION, REMOVAL (Specify) CREMATION | DATE 6/16/1950 | NAME OF ~~CEMETERY~~ OR CREMATORY Fort Lincoln Cem. | LOCATION (City, town, or county) (State) Colmar Manor, Md.

DATE RECD BY LOCAL REG 6/15/50 | REGISTRAR'S SIGNATURE Amanda Downey | 24. FUNERAL DIRECTOR W. W. Chambers Co. — ADDRESS Riverdale Md

12260

O. K.
John D. Maloney.
Dep. Med. Exam.

06451

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 234

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Geo
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Temple Hills — LENGTH OF STAY (in this place) 30 yrs.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Temple Hills
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural give location) 4783 St. Barnabas Rd.

3. NAME OF DECEASED (Type or Print) (First) John Eastwood (Middle) Kane (Last)			4. DATE OF DEATH (Month) June (Day) 23, (Year) 1950 19	
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married	8. DATE OF BIRTH July 22, 1881	9. AGE last birthday 68 yrs. — If under 1 year Months Days — If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) auditor	10b. KIND OF BUSINESS OR INDUSTRY government	11. BIRTHPLACE (State or foreign country) Washington D. C.	12. CITIZEN OF WHAT COUNTRY? U. S.	
13. FATHER'S NAME James Kane		14. MOTHER'S MAIDEN NAME Lillian V. Donn		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) W. W. 1	16. SOCIAL SECURITY NO. none	17. INFORMANT Della S. Kane (wife)		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
422.1 Immediate cause	(a) Cerebro-Vascular Accident	One Month
93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic Cardio Vascular Disease	?
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION None	19b. MAJOR FINDINGS OF OPERATION None	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 21, 1950, to June 23, 1950, that I last saw the deceased alive on June 22, 1950, and that death occurred at 2:20 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
J. William Gray M.D.		7008 Marlboro Pike S.E. Wash-19, D.C.	June 23, 1950

23. BURIAL, CREMATION REMOVAL (Specify) burial	DATE THEREOF 26 JUNE 1950	NAME OF CEMETERY OR CREMATORY Arlington National	LOCATION (City, town, or county) (State) Arlington, Va.
DATE REC'D BY LOCAL REG. June 23-1950	REGISTRAR'S SIGNATURE Howard J. Beall Mrs Alton Davis	24. FUNERAL DIRECTOR James T. Ryan, Inc.	ADDRESS 317 Pa. Ave., S.E. Wash. 3 - D.C.

11287

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 30 1950
BUREAU T. S.

06452

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. M5

1. PLACE OF DEATH — COUNTY: Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hyattsville Md.
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md - Prince Georges — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hyattsville Md.
STREET ADDRESS (If rural, give location): 5510 - 44 Ave.

3. NAME OF DECEASED (Type or Print): (First) EDITH (Middle) C. (Last) KECK
4. DATE OF DEATH: (Month) June (Day) 14 (Year) 1950
5. SEX: Female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 9/24/1861
9. AGE last birthday: 89 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): at home
10b. KIND OF BUSINESS OR INDUSTRY: own home
11. BIRTHPLACE (State or foreign country): Washington D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: James Keck
14. MOTHER'S MAIDEN NAME: unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Agnes Kestler Colmar Manor Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

450.0 Immediate cause (a) Myocardial failure — 7 days

93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized arteriosclerosis — 20 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-7, 1950, to 6-14, 1950, that I last saw the deceased alive on 6-14, 1950, and that death occurred at 7:23 A m., from the causes and on the date stated above.

SIGNATURE: John P. Clum (Degree or title) M.D. ADDRESS: Hyattsville Md. DATE SIGNED: 6-14-50

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: 6/17/50
NAME OF CEMETERY OR CREMATORY: Congressional
LOCATION (City, town, or county): Washington D.C. (State)
DATE REC'D BY LOCAL REG.: June 17 1950
REGISTRAR'S SIGNATURE: James Severy
24. FUNERAL DIRECTOR: F. Gasch's Sons Hyattsville Md. ADDRESS:

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 20 1950
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH

06453

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 242

1. PLACE OF DEATH: COUNTY Prince Georges — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Forestville — LENGTH OF STAY (In this place) Permanent
HOSPITAL OR INSTITUTION OR STREET ADDRESS R.F.D. Marlboro Pike

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE District of Columbia — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 1225 S Street S.E.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
James	Floyd	King	6	10	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE Last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	5-24-28	22 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Fireman D.C. Fire Dept		District of Columbia	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Lee Loren King	Nettie Gibbons

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
yes WWII		Percy King

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
819.5 Immediate cause	(a) Hemorrhage and shock	
170C Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Crushed chest and pelvis	
	(c) Compound fracture left femur	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Fracture of skull	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Street	(CITY OR TOWN)	(COUNTY)	(STATE)
		Forestville	P.G.	Md

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at work ☐	Not while at work ☑	HOW DID INJURY OCCUR?
6	10	1950	3:40 PM			Car run into telegraph pole

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
James F. Boyd	M.D.	Forestville Md	6-10-50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	June 13, 1950	Arlington Nat.	Arlington Va.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6-10	Amanda Downs	H. H. Chandler Co.	517-11th St. S.E.

1950 Carrie F. Campbell

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUN 19 1950
BUREAU U. S.

06454

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 243

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A13

1. PLACE OF DEATH
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glenn Dale (Rural)
LENGTH OF STAY (in this place) 1 yr., 9 mo., & 20 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenn Dale Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE D. C. COUNTY —
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 1012 16th Street, N. E., Apt. #2. ✓

3. NAME OF DECEASED (Type or Print) (First) William (Middle) (Last) Kline

4. DATE OF DEATH (Month) 6 (Day) 5 (Year) 1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
Male	White	Married	11/14/1896	53 yrs.	—	—	—	—

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Bricklayer	Construction Co.	Atlantic City, New Jersey	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Edgar Kline	Ann Andrews

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	—	579-07-5184	Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary Tuberculosis	1 year
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	11 months
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 8-16, 1948, to 6-5, 1950, that I last saw the deceased alive on 6-5, 1950 and that death occurred at 8:55 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Daniel Leo Finucane M.D.	Glenn Dale Sanatorium Glenn Dale, Maryland	6/5/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
	5-7-1950	Nat. Cemetery, Suitland	Suitland, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6/6/50	Noel Weiss	H. H. Chambers	1400 Chapin N.W.

30609

RECEIVED
JUN 14 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

06455

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 248

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Prince George County; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale; LENGTH OF STAY (in this place) 3 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5002 Somerset Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Prince Geo
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale
STREET ADDRESS (If rural, give location) 5002 - Somerset Rd

3. NAME OF DECEASED (Type or Print): (First) ELLA (Middle) DELILAH (Last) KUTZ
4. DATE OF DEATH: (Mooth) June (Day) 25 (Year) 1950

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Jan 10, 1877
9. AGE last birthday: 73 yrs. If under 1 year: Months | Days | Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife - Ret.
10b. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (State or foreign country): Pennsylvania
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Joseph Tenyslin
14. MOTHER'S MAIDEN NAME: Mary Ann Heck

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknowo): No
(If year, give war or dates of service): None
16. SOCIAL SECURITY No.: None
17. INFORMANT AND ADDRESS: Mr. Robert B Kutz, 5002 Somerset Rd Riverdale, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Cardiac failure — Interval Between Onset and Death: 4 hrs

153 X Antecedent cause(s)

46e Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis - Limitation — 20+ yrs.

(c) Carcinoma of descending Colon — 1 yr

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Oct. 49
19b. MAJOR FINDINGS OF OPERATION: Carcinoma of colon
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Mooth) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1940, to Jun 25, 1950, that I last saw the deceased alive on 6/23, 1950, and that death occurred at 10:20 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Ed Forchenbach, M.D. ADDRESS: 1007 - 4 St. N.W. DATE SIGNED: 6/25/50

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
DATE: Jun 25, 1950
NAME OF CEMETERY OR CREMATORY: BIRDSBORO
LOCATION (City, town, or county) (State): BIRDSBORO, PA.

DATE REC'D BY LOCAL REG.: June 25 1950
REGISTRAR'S SIGNATURE: Mrs. Jas. Severe Deputy Local
24. FUNERAL DIRECTOR: W. W. CHAMBERS ADDRESS: Riverdale, Md

RECEIVED
JUN 27 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

06456

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince George — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brady, Md — LENGTH OF STAY (in this place) 3 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo. Gen. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Landham, Maryland
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Sarah (Middle) S (Last) Lucas

4. DATE OF DEATH: (Month) June (Day) 2, (Year) 1950

5. SEX F — 6. COLOR OR RACE W — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) — 8. DATE OF BIRTH May 1, 1866 — 9. AGE last birthday 84 yrs. — If under 1 year: Months, Days, Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home — 10b. KIND OF BUSINESS OR INDUSTRY — 11. BIRTHPLACE (State or foreign country) Charleston S.C. — 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Benjamin Simond — 14. MOTHER'S MAIDEN NAME Mary Jones Buist

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If year, give war or dates of service) — 16. SOCIAL SECURITY NO. — 17. INFORMANT AND ADDRESS HOSPITAL RECORD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute congestive heart failure — 24 hours

422.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 93d (b) Arteriosclerotic cardio-vascular disease — 20 yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Gangrene, arteriosclerotic, lower extrem., left. 1 mo.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 20, 1950, to June 2, 1950, that I last saw the deceased alive on June 2, 1950, and that death occurred at 2 P.M., from the causes and on the date stated above.

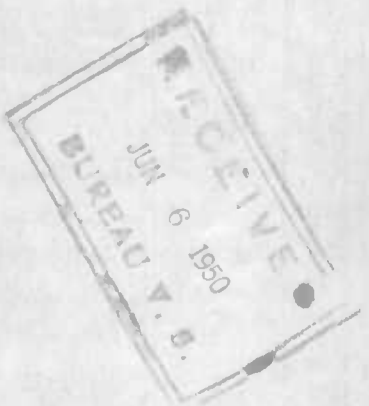
SIGNATURE — (Degree or title) — ADDRESS — DATE SIGNED

Julius Kaufman — M.D. — 5102 Annapolis Rd. Bladensburg, Md. — 6/2/50

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE June 5, 1950 — NAME OF CEMETERY OR CREMATORY Trinity Church Cem. — LOCATION (City, town, or county) (State) Society Hill, S.C.

DATE RECD BY LOCAL REG. 6/3/50 — REGISTRAR'S SIGNATURE Amanda Downey — 24. FUNERAL DIRECTOR — ADDRESS The S. W. Nixon Company - 2901-14th St. N.E.

VS. A15


RECEIVED
JUN 6 1950
BUREAU V. S.

06457

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 243

1. PLACE OF DEATH
COUNTY: Prince Georges — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Glenn Dale (RURAL)
LENGTH OF STAY (in this place): 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Glenn Dale Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Dist. of Columbia — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural, give location): 2417- 39'th St., N.W.

3. NAME OF DECEASED (Type or Print): (First) THOMAS (Middle) P (Last) McKENNA

4. DATE OF DEATH: (Month) 6 (Day) 24 (Year) 1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Male	White	single	11/11/06	43 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Draftsman	Watch + clock repair	Washington, D.C.	U.S.A.

13. FATHER'S NAME: Thomas McKenna

14. MOTHER'S MAIDEN NAME: Angela Doyle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS
no	578-30-4778	Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
002x Immediate cause	(a) Tuberculous Meningitis	13 days
13b Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Pulmonary Tuberculosis	4 mos.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 6-21, 1950, to 6-24, 1950, that I last saw the deceased alive on 6-24, 1950, and that death occurred at 8:45 p.m., from the causes and on the date stated above.

SIGNATURE: Daniel Leo Finucane M.D. (Degree or title) — ADDRESS: Glenn Dale Sanatorium, Glenn Dale, Maryland — DATE SIGNED: 6/25/50

23. BURIAL ~~CREMATION~~ ~~REMOVAL~~ (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
	6/28/50	Mt Olivet Cem	Washington DC

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6/25/50	Mae Wells	Joseph F. Bucks Sons	3054 M. Ave Washington D.C.

V62-85

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JUL 3 1950
BUREAU V. S.

06458

Evidence for change of birth date is on:

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FILM No. G 126 JUN 20 1950 FOR MEDICAL EXAMINERS

Reg. Dist. No. 245

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Mt Rainer
LENGTH OF STAY (in this place): 27yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 4008-37th St.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Pr. Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Mt Rainer
STREET ADDRESS (If rural, give location): 4008-37th Street

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Florence	G.	Messinger	June	10	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Married	Dec 22, 1884	65 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Maryland	U.S.A.

13. FATHER'S NAME: Jacob Zeigler
14. MOTHER'S MAIDEN NAME: Bridget Donahue
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: John Messinger - Husband.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.1 **Immediate cause** (a) Acute congestive heart failure — Interval between onset and death:

93d **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiovascular disease

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:
(CITY OR TOWN) (COUNTY) (STATE):
TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

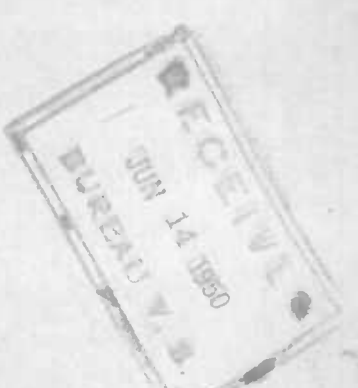
22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
John J. Maloney	M.D. Dep. Med. Exam.	Cheverly, Hyattsville, Md	6-10-50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	6/13/50	Arlington Nat'l. Cem.	Arlington, Va.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
June 12, 1950	James Levy	Wm. J. Malloy	3200 R.I. Ave. Mt. Rainier, Md.

VS. A15A


RECEIVED
JUN 14 1950
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

06459

CERTIFICATE OF DEATH

Reg. Dist. No. 234

1. PLACE OF DEATH:
County Pr. Georges
City or town Camp Springs
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 12 Yrs
Hospital, institution, or street address where death occurred:
5405 Middleton Lane
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Pr. Geos Co
City or town Camp Springs
(If outside city or town limits, write RURAL and give nearest town)
Street No. 5405 Middleton Lane
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: Amanda Rosina Middleton

3.(b) Social Security Number

4. Sex: Female
5. Color or race: White
6.(a) Single, married, widowed, or divorced: Widowed
6.(b) Name of husband or wife: Theodore B. Middleton
6.(c) If alive, give age ..... years
7. Birth date of deceased (mo., day, yr.): Aug 23 1865
8. AGE: Years 84 | Months | Days | If less than one day ..... hrs. ..... min.
9. Birthplace: Camp Springs, Pr.Geo.Co, Md (Town, county, and state)
10. Usual occupation: House wife
11. Industry or business

FATHER
12. Name: William Pyles
13. Birthplace: Maryland

MOTHER
14. Maiden name: Margaret Ryan
15. Birthplace: Maryland

16. Informant: Mrs Theodora Farr
Address 5405 Middleton Lane SE Wash 2 D.C.

17. BURIAL (Burial, cremation, or removal. Which?) Date thereof June 21-1950 (month) (day) (year)
Cemetery or crematory ST. BARNABAS Cemetery
Location OXON HILL, Md.

18. Funeral director: Simmons BROS.
Address 2007 Nichols Ave. S.E, Wash. D.C.

19. June 19 1950 (Date rec'd by registrar) Howard J. Brandt Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 19 1950 at 8:05 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 20 1948 to June 19 1950 and that I last saw her alive on June 17 1950

	DURATION
Immediate cause of death: Uremia	1 Month
Due to: Interstial Nephritis	10 Yrs
Due to: Generalized Arteriosclerosis	10 Yrs
Other conditions	

H50.0
(Include pregnancy within 3 months of death)
131a
Major findings of operations ..... Date of op. .....
Autopsy results .....
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ..... Date of .....
Where did injury occur? ..... (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) .....
Means of injury ..... Injured at work?

23. SIGNATURE W. Smit Ritchie M.D. M. D. or other
Address 7005 Ritchie Rd SE Wash 19 D.C. Date signed 6/19/50

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

RECEIVED
JUN 27 1950
BUREAU W. S.

06460

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 242

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Pr. Geo. — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cardmore — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cardmore
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Bessie	Mae	Miller	6	19	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
F	White	Married	Oct 12 1891	58 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Housework	Pennsylvania	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Cyrus P Sipe	Elizabeth Spark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
		Amos Miller

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carcinoma of lung & lateral

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Skin cancer of left shoulder & back — 19 yrs

(c) — 47 d

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

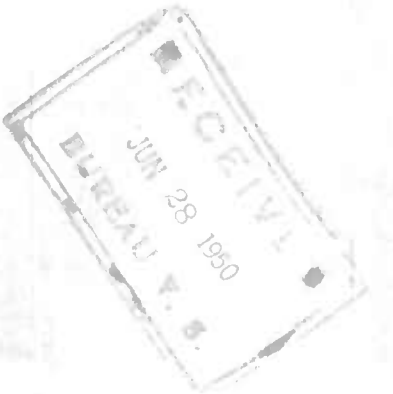
TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from May 1, 1950, to June 19, 1950, that I last saw the deceased alive on June 19, 1950, and that death occurred at 9.09 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
George Hagerge	2717 38th Ln College City Md	6/19/50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	June 22 1950	Ft Lincoln	

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
June 19, 1950	Amanda Downey / Carrie Campbell	J Wm Lee Sons Co	300-4th St NE Washington, D.C.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JUN 28 1950
BUREAU V. S.

06461

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 945

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Princes Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville | LENGTH OF STAY (in this place) 5 MOS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Mother Jones Rest Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN WASHINGTON, D.C.
STREET ADDRESS (If rural, give location) 623-6TH ST. S.W. ✓

3. NAME OF DECEASED (Type or Print): (First) Jenny (Middle) (Last) Montgomery

4. DATE OF DEATH: (Month) 6 (Day) 7 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: about 1879

9. AGE last birthday: 70? yrs. | If under 1 year: Months. Days. | If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): CHICAGO, ILLINOIS

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: unknown

14. MOTHER'S MAIDEN NAME: JENNIE KRIEL

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: FRANK MONTGOMERY, CHICAGO, ILL.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Renal Insufficiency - Uremia — Interval between onset and death:

Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Arteriosclerotic Heart Disease

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

4200
930

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1950, to June, 1950, that I last saw the deceased alive on June 2, 1950, and that death occurred at 1615 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Bernard A. Fitzgerald MD — 502 Malcolm Dr. Silver Spring Md. — 6/8/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE: June 10, 1950 | NAME OF CEMETERY OR CREMATORY: Mt. Olivet | LOCATION (City, town, or county) (State): Frederick, Md.

DATE REC'D BY LOCAL REG.: June 8" | REGISTRAR'S SIGNATURE: Mrs. Jas. Severe Deputy | 24. FUNERAL DIRECTOR — ADDRESS: James T. Ryan, Inc. Wash., D.C.

XVI 94

RECEIVED
JUN 12 1950
BUREAU V.

06462

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH — COUNTY: Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: near Laurel
LENGTH OF STAY (in this place): Since 5-24-1950
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Laurel Sanitarium

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore 12
STREET ADDRESS (If rural, give location): 1202 Overbrook Road

3. NAME OF DECEASED (Type or Print): (First) ROBERT (Middle) ELI (Last) MUNROE
4. DATE OF DEATH: (Month) June (Day) 20 (Year) 1950

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH: October 31-1873
9. AGE last birthday: 76 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Steel Worker
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Robert H. Munroe
14. MOTHER'S MAIDEN NAME: Ella Foard

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Do not know — (If year, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS: Mrs. Leta French 1202 Overbrook Road Balto. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
422.1	Immediate cause	(a) Myocarditis	7-31-1949
	Antecedent cause(s)		
92d	Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Endocarditis	"
		(c) Arteriosclerosis	Many Years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-24, 1950, to 6-20, 1950, that I last saw the deceased alive on 6-19, 1950, and that death occurred at 9 a. m., from the causes and on the date stated above.

SIGNATURE: James P. Sands. (Degree or title) M.D. ADDRESS: Laurel Sanitarium, Laurel, Md. DATE SIGNED: 6-20-1950

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 6/23/50 — NAME OF CEMETERY OR CREMATORY: Waugh Chapel Cem. — LOCATION (City, town, or county) (State): Glen Arm, Md.

DATE REC'D BY LOCAL REG.: 6/21/50 — REGISTRAR'S SIGNATURE: R W Hedrick — 24. FUNERAL DIRECTOR: Wm. J. Pickner & Sons — ADDRESS: Balto. Md.

44429

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS/A15

06463

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 243

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glenn Dale (Rural)
LENGTH OF STAY (in this place) 9 mo., 6 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenn Dale Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D. C. COUNTY –
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 1545 Columbia St., N. W.

3. NAME OF DECEASED (Type or Print) (First) CHARLOTTE (Middle) J. (Last) NASH
4. DATE OF DEATH (Month) June (Day) 15 (Year) 1950

5. SEX Female
6. COLOR OR RACE Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Separated
8. DATE OF BIRTH 7/30/1909
9. AGE last birthday 40 yrs. If under 1 year Months – Days – If under 24 hrs. Hours – Min. –

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic
10b. KIND OF BUSINESS OR INDUSTRY –
11. BIRTHPLACE (State or foreign country) Abbeville, S. Carolina
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Nathenial Collier
14. MOTHER'S MAIDEN NAME Clara Williams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) –
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Tuberculosis — INTERVAL BETWEEN ONSET AND DEATH 1 yr E

002 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) — 8 mos

13b (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-9, 1949, to 6-15, 1950, that I last saw the deceased alive on 6-15, 1950, and that death occurred at 6:45 P. m., from the causes and on the date stated above.

SIGNATURE Daniel Leo Pinecare (Degree or title) M.D. ADDRESS Glenn Dale Sanatorium Glenn Dale, Maryland DATE SIGNED 6/15/50

23. BURIAL, CREMATION REMOVAL (Specify) Removal
DATE THEREOF 6-16-50
NAME OF CEMETERY OR CREMATORY
LOCATION (City, town, or county) Washington (State) D.C.

DATE REC'D BY LOCAL REG. 6-16-50
REGISTRAR'S SIGNATURE Mol Weiss
24. FUNERAL DIRECTOR Robt. G. McGuire, Inc. ADDRESS 1820 Ninth St. N.W. Washington, D.C.

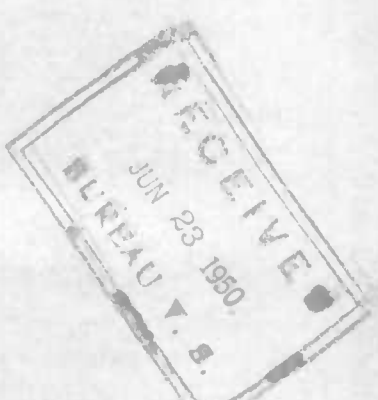
52086

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I


RECEIVED
JUN 23 1950
BUREAU V. S.

06464

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 231

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince George — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George Gen'l

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Rainier
STREET ADDRESS (If rural, give location) 4013 - 36½ Street

3. NAME OF DECEASED (Type or Print): (First) Agnes (Middle) (Last) O'Keefe

4. DATE OF DEATH: (Month) 6 (Day) 29 (Year) 1950

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: Nov 30, 1873

9. AGE last birthday: 76 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: housewife

11. BIRTHPLACE (State or foreign country): D.C.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Richard Hurdle

14. MOTHER'S MAIDEN NAME: Catherine Murray

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Chief

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Uremic Poisoning — 4 days

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Auricular Fibrillation — 3 days

(c) Hypertensive Cardio-Vascular-Renal — years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Chronic Rheumatoid Arthritis — years

H42x

131a

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 17, 1950, to Jun 29, 1950, that I last saw the deceased alive on 6-29, 1950, and that death occurred at 9:55 P m., from the causes and on the date stated above.

SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED

Benjamin S. Miller M.D. 3824-34 St. Mt Rainier 6-30-50

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE: 7/3/1950 | NAME OF CEMETERY OR CREMATORY: Mt. Olivet Cemetery | LOCATION (City, town, or county) (State): Wash. D. C.

DATE REC'D BY LOCAL REG. 7-2-50 | REGISTRAR'S SIGNATURE: Amanda Downes

24. FUNERAL DIRECTOR | ADDRESS: Wm. J. Malley's Funeral Home, 3208-R.I. Ave. Mt. Rainier, Md.

VS. A15

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JUL 5 1960
BUREAU P.A.R.

06465

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 245

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Edmonston
LENGTH OF STAY (in this place) 6 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5200-46th Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr. Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Edmonston
STREET ADDRESS (If rural give location) 5206-46th Ave.

3. NAME OF DECEASED (Type or Print) (First) Hugh (Middle) Cornelius (Last) Oliver
4. DATE OF DEATH (Month) June (Day) 22 (Year) 1950
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Mar. 8, 1896
9. AGE last birthday 54 56 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Night watchman
10b. KIND OF BUSINESS OR INDUSTRY Transportation
11. BIRTHPLACE (State or foreign country) Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Sanford C. Oliver
14. MOTHER'S MAIDEN NAME Nina Brown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 226-26-4683
17. INFORMANT Ruby Virginia Oliver - Wife

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Occlusion

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiovascular renal disease

131a (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
John D. Maloney M.D. Dep. Med. Exam. Cheverly - Hyattsville Md 6-22-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 6/25/50
NAME OF CEMETERY OR CREMATORY Mt. Carmel
LOCATION (City, town, or county) (State) Bleak Va

DATE REC'D BY LOCAL REG. June 23, 1950
REGISTRAR'S SIGNATURE Mrs. Jas. Severe Deputy
24. FUNERAL DIRECTOR F. Gasche sons Hyattsville Md ADDRESS

602.54

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15A

RECEIVED
JUN 27 1950
BUREAU V. D.

06466

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 243

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glenn Dale (Rural)
LENGTH OF STAY (in this place) 26 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenn Dale Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D. C. COUNTY -
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 105 Eye St., N. W.

3. NAME OF DECEASED (Type or Print): (First) ANNABELLE (Middle) (Last) PEYTON
4. DATE OF DEATH: (Month) June (Day) 14 (Year) 1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
F	NEGRO	Separated	8-9-15	34 yrs.	-	-	-	-

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laundress
10b. KIND OF BUSINESS OR INDUSTRY: German Home for Children, 2300 Good Hope Rd., S.E., Wash. D.C.
11. BIRTHPLACE (State or foreign country): Lothain, Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Edward Owens
14. MOTHER'S MAIDEN NAME: Estelle Sollace

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): -
16. SOCIAL SECURITY NO.: ?
17. INFORMANT AND ADDRESS: Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Pulmonary Tuberculosis	5 Months
002X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. 131	(b)	14 Days
	(c)	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-19, 1950, to 6-14, 1950, that I last saw the deceased alive on 6-14, 1950, and that death occurred at 10.40 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Daniel Leo Finnegan M.D. ADDRESS Glenn Dale Sanatorium Glenn Dale, Md. DATE SIGNED 6/14/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
	June 19, 50	MOSSES CEMETERY	ANNE ARUNDEL CO. Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6/15/50	Adel Owens	John T. Stewart	4491 30th St., N.W.

RECEIVED
JUN 21 1950
BUREAU V. B.

FILE IN JUNE 1950, as indexed. L

06467

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 745

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Washington, D.C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN College Park. LENGTH OF STAY (In this place) 1 month	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington, D.C.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Near Calvert Road	STREET ADDRESS (If rural give location) 709 Rock Creek Church Rd.

3. NAME OF DECEASED (Type or Print) (First) James (Middle) E (Last) Porter			4. DATE OF DEATH (Month) (Day) (Year) Between 5-23 & 6-15 Unknown 1950	
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH Dec 7, 1874	9. AGE last birthday 75 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Virginia	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Marshall Porter			14. MOTHER'S MAIDEN NAME Anna Patrick	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT	

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

795.3 Immediate cause (a) Unknown -

200 b Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Deceased found, in an advanced stage of

(c) decomposition, in a field.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☒ Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☒.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
John D. Maloney M.D.	Dep. Med. Exam.	Cheverly-Hyattsville Md	6-17-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial 73	DATE THEREOF 6/19/50	NAME OF CEMETERY OR CREMATORY Lincoln Mem. Hosp.	LOCATION (City, town, or county) (State) Washington, D.C.
DATE REC'D BY LOCAL REG. June 18, 50	REGISTRAR'S SIGNATURE Mrs. Jas. Severe	24. FUNERAL DIRECTOR Frazier's Funeral Home	ADDRESS 389 R.I. N.W.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUN 20 1950
BUREAU V. S.

06468

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 243

1. PLACE OF DEATH — COUNTY: Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Glenn Dale (Rural) — LENGTH OF STAY (in this place): 3 yrs., 3 mos., & 24 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Glenn Dale Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: D. C. — COUNTY: -
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural, give location): 2141 Newport Place, N. W.

3. NAME OF DECEASED (Type or Print): (First) WILLIAM (Middle) G (Last) POWELL
4. DATE OF DEATH: (Month) 6 (Day) 13 (Year) 1950

5. SEX: Male
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 8/13/1883
9. AGE last birthday: 66 yrs. — If under 1 year: Months — Days — If under 24 hrs.: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Rum dishwashing machine
10b. KIND OF BUSINESS OR INDUSTRY: Restaurant
11. BIRTHPLACE (State or foreign country): Norbeck, Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Will Budd
14. MOTHER'S MAIDEN NAME: Laura Sedgwick

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) —
16. SOCIAL SECURITY No.: 213-01-5785
17. INFORMANT AND ADDRESS: Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Addison's disease	1 year
002X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 13b	(b) Pulmonary tuberculosis	4 years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-20, 1947, to 6-13, 1950, that I last saw the deceased alive on 6-13-, 1950, and that death occurred at 9 15 a.m., from the causes and on the date stated above.

SIGNATURE: Daniel Leo Finucane (Degree or title) M. D.
ADDRESS: Glenn Dale Sanatorium, Glenn Dale, Maryland
DATE SIGNED: 6/13/50

23. ~~BURIAL, CREMATION~~ REMOVAL (Specify)
DATE THEREOF: 6-14-50
NAME OF CEMETERY OR CREMATORY:
LOCATION (City, town, or county) (State): to Wash. D.C.

DATE REC'D BY LOCAL REG.: 6/14/50
REGISTRAR'S SIGNATURE: Moe Weiss
24. FUNERAL DIRECTOR: Malvern E. Schey New J. and R. N.W.
ADDRESS:

778-71

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

06469

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH: COUNTY Prince Georges County MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hyattsville, Md.
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD. COUNTY Prince Georges
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HYATTSVILLE, MARYLAND
STREET ADDRESS (If rural, give location) 3907 MADISON STREET, HYATTSVILLE, MD

3. NAME OF DECEASED (Type or Print) (First) PAUL (Middle) G. (Last) RICHARDSON
4. DATE OF DEATH (Month) June (Day) 24th, (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH 4 May 1903
9. AGE last birthday 47 yrs. If under 1 year Months 1 Days 20 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bookkeeping
10b. KIND OF BUSINESS OR INDUSTRY — Business office
11. BIRTHPLACE (State or foreign country) Ebensburg, Pennsylvania
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME WILLIAM J. RICHARDSON
14. MOTHER'S MAIDEN NAME Anne R. Bannam

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Louise C. Hutmire (Sister) - 3907 Madison St Hyattsville, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Congestive heart failure

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary heart disease

94a (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 4, 1950, to June 24, 1950 that I last saw the deceased alive on June 24, 1950, and that death occurred at 5:15 pm., from the causes and on the date stated above.

SIGNATURE John A. Simpson, M.D. (Degree or title) ADDRESS 1018 - Monroe St. N.E. Wash. D.C. DATE SIGNED June 24, 1950

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 6/26/50
NAME OF CEMETERY OR CREMATORY Ebensburg, Pennsylvania
LOCATION (City, town, or county) (State) Ebensburg, Pennsylvania

DATE REC'D BY LOCAL REG. June 24 1950
REGISTRAR'S SIGNATURE James Devey
24. FUNERAL DIRECTOR Martin W. Hysong Co. - ADDRESS 1300 N. St. N.W. Wash. D.C.

210 99

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUN 27 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

06470

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 231

1. PLACE OF DEATH
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville,
STREET ADDRESS (If rural, give location) Riggs Road, Route # 1

3. NAME OF DECEASED (Type or Print) (First) ALFRED (Middle) WINFIELD (Last) SCHEUCH
4. DATE OF DEATH (Month) June (Day) 5th, (Year) 1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
Male	White	Married	11/29/1893	56 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bus Driver
10b. KIND OF BUSINESS OR INDUSTRY School Bus
11. BIRTHPLACE (State or foreign country) Prince Georges Cty., Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Jacob Scheuch
14. MOTHER'S MAIDEN NAME Ada Miller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No none
16. SOCIAL SECURITY NO. 579-30-3447
17. INFORMANT Marvie E. Scheuch (Wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
420 Immediate cause	(a) Coronary Occlusion	
131a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cardiovascular renal disease	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy* ☐, *Inspection* ☒, *Inquiry* ☒ *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John J. Maloney, M.D. Dep. Med. Exam. Cheverly Hyattsville 6-6-50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	6/8/1950	George Wash. Cem.	Riggs Road Pr. Geo. Cty. Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
6/6/50	Amanda Downey	W.W. Chambers Company, Riverdale, Md.

42091

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUN 8 1960
BUREAU V. R.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06471

CERTIFICATE OF DEATH

Reg. Dist. No. 243

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glenn Dale
LENGTH OF STAY (in this place) 10 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenn Dale Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D. C. COUNTY —
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 1413 Wisconsin Avenue, N.W. ✓

3. NAME OF DECEASED (Type or Print): (First) RICHARD (Middle) DANIEL (Last) SHILLIN
4. DATE OF DEATH: (Month) June (Day) 8th (Year) 1950

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 4/13/1939
9. AGE last birthday: 11 yrs. If under 1 year: Months — Days — If under 24 hrs.: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Washington, D. C.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Rudolph Shillin
14. MOTHER'S MAIDEN NAME: Cyrena E. Reinsch

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Mrs. Rudolph Shillin, Mother, 1413 Wisconsin Ave. NW

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Tuberculous meningitis	1 mo
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Pulmonary tuberculosis	1 mo
	(c)	

002x
13b

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/2, 1950, to 6/8, 1950, that I last saw the deceased alive on 6/8, 1950, and that death occurred at 7'15 a m., from the causes and on the date stated above.

SIGNATURE Daniel Lee Pinecar (Degree or title) M. D. ADDRESS Glenn Dale Sanatorium Glenn Dale, Maryland DATE SIGNED 6/8/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF June 10, 1950 | NAME OF CEMETERY OR CREMATORY Cedar Hill | LOCATION (City, town, or county) Hyattsville (State) Md.

DATE REC'D BY LOCAL REG. 6/9/50 | REGISTRAR'S SIGNATURE Noel Wells | 24. FUNERAL DIRECTOR W. W. Chambers Co. | ADDRESS 5714-16 Rhode Island Ave.

RECEIVED
JUN 14 1950
BUREAU T. S.

06472

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 245

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville. — LENGTH OF STAY (In this place) 3 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Hyattsville County Emcie Bldg

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington . D.C.
STREET ADDRESS (If rural give location) 233 - 12th Place N. E.

3. NAME OF DECEASED (Type or Print): (First) Lillian (Middle) Altona (Last) Shoap.

4. DATE OF DEATH: (Month) June (Day) 16 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: Dec. 12, 1912

9. AGE last birthday: 37 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Waitress

10b. KIND OF BUSINESS OR INDUSTRY: Lunch room

11. BIRTHPLACE (State or foreign country): Washington, DC

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Edward Clark Cook

14. MOTHER'S MAIDEN NAME: Rose Catherine Talbert

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Mrs. Dorothy Courtney - Sister

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral compression

331x
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
830
(b) Intracranial hemorrhage

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY unknown
(CITY OR TOWN) (COUNTY) (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY unknown m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? unknown

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☒.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John J. Maloney M.D. Dep. Med. Examiner - Cheverly - Hyattsville, Md 6-17-50

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 6/19/1950 — NAME OF CEMETERY OR CREMATORY Washington National — LOCATION (City, town, or county) (State) WASHINGTON, DC

DATE REC'D BY LOCAL REG. June 18, 1950 — REGISTRAR'S SIGNATURE James Devey

24. FUNERAL DIRECTOR — ADDRESS W.W. CHAMBERS Co - 517-11th St. S.E. WASH. D.C.

72071

RECEIVED
JUN 20 1950
BUREAU V. S

06473

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 240

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Prince George's — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Clinton | LENGTH OF STAY (In this place) 41 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Prince George's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Clinton
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) Robert (Last) Smith

4. DATE OF DEATH: (Month) 6 (Day) 4 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: About 1860

9. AGE last birthday: 89 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Cealia Dyson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No | (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Ernest Smith

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Congestive heart failure

442 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiovascular Renal disease

131a (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE James T. Boyd (Degree or title) M.D. ADDRESS Forestville Md DATE SIGNED 6-4-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF 6-7-50 | NAME OF CEMETERY OR CREMATORY St Johns | LOCATION (City, town, or county) Clinton (State) Md

DATE REC'D BY LOCAL REG. 6-6-50 | REGISTRAR'S SIGNATURE H. O. Thomas | 24. FUNERAL DIRECTOR Smith & Ryon | ADDRESS

F. H. Billings Reg

RECEIVED
JUN 9 1950
BUREAU T. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

06474

CERTIFICATE OF DEATH

Reg. Dist. No. 234

1. PLACE OF DEATH:
County Prince Georges
City or town Washington D C
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Life
Hospital, institution, or street address where death occurred:
5702 Allentown Road SE
Washington D C
How long in hospital or institution? None

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Prince Georges
City or town Camp Springs Md
(If outside city or town limits, write RURAL and give nearest town)
Street No. 5702 Allentown Road SE
(If rural, give LOCATION) Washington D C
2.(a) If veteran, name war NO

3.(a) FULL NAME Rena Amelia Smith

3.(b) Social Security Number NO

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Fem	W	Married

6.(b) Name of husband or wife John A Smith. 6.(c) If alive, give age 72 years

7. Birth date of deceased (mo., day, yr.) July 3 1888

8. AGE: Years 61 Months Days If less than one day ..... hrs. ..... min.

9. Birthplace Prince Georges Co. (Town, county, and state) Maryland

10. Usual occupation Housewife

11. Industry or business at home

FATHER 12. Name Peter W Allen.

13. Birthplace Maryland

MOTHER 14. Maiden name Josephine Day

15. Birthplace Maryland

16. Informant Estell Mapew

Address 5950 Allentown Rd Washington D C

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 17-1950 (month) (day) (year)

Cemetery or crematory Cedar Hill Cemetery

Location Suitland Maryland

18. Funeral director Simmons Bros.

Address 2007 Nichols Ave S E

19. June 14 1950 Edward J Beall
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 14 1950 at 3:30 P. M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from April 1 1948 to June 14 1950 and that I last saw her alive on June 14 1950

Immediate cause of death Bronchial Pneumonia — DURATION 4 days

Due to, or as a consequence of: Pick's Disease (Cerebral Cortical Atrophy) — 2½ yrs

Due to, or as a consequence of:

Other conditions Malnutrition and Senility — 6 Mo

(Include pregnancy within 3 months of death)

Major findings of operations none

289.0 125.5 Date of op. None

Autopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Natural Date of June

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Natural Cause Injured at work?

23. SIGNATURE Paul C Van Natta M. D. or other

Address 5940 Silver Hill Rd SE Washington 20 D C Date signed June 14 1950

VS A15 9-45-15M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correctness is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUN 22 1950
BUREAU OF S

06475

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 243

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince Georges; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glenn Dale (Rural)
LENGTH OF STAY (in this place) 5 mos., & 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenn Dale Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D. C. COUNTY –
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 621 Eye Street, N. E. ✓

3. NAME OF DECEASED (Type or Print): (First) WILLIAM (Middle) H. (Last) SMITH

4. DATE OF DEATH: (Month) JUNE (Day) 3 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 4/2/1887

9. AGE last birthday: 63 yrs. If under 1 year: Months 2 Days 1 If under 24 hrs.: Hours – Min. –

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Guard-Chauffeur

10b. KIND OF BUSINESS OR INDUSTRY: U.S. Govt.

11. BIRTHPLACE (State or foreign country): Robbsville, Pa.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William F. Smith

14. MOTHER'S MAIDEN NAME: Tille Fisher

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) –

16. SOCIAL SECURITY NO. –

17. INFORMANT AND ADDRESS: Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Tuberculosis — Interval Between Onset and Death: 8 mo.

002x

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
13b (b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 30, 1949, to JUNE 3, 1950, that I last saw the deceased alive on JUNE 3, 1950, and that death occurred at 10:45 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Daniel Leo Finucane M.D. ADDRESS Glenn Dale Sanatorium Glenn Dale, Maryland DATE SIGNED 6/3/50

23. BURIAL, CREMATION REMOVAL (Specify) burial — DATE THEREOF 6/7/50 — NAME OF CEMETERY OR CREMATORY Fort Lincoln — LOCATION (City, town, or county) Bladensburg (State) Md.

DATE REC'D BY LOCAL REG. 6-5-50 — REGISTRAR'S SIGNATURE Not Wess

24. FUNERAL DIRECTOR Lee Funeral Home ADDRESS 300 4 st Wash D C

42097

VS. A15

RECEIVED
JUN 14 1950
BUREAU F. I.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

016476

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

1. PLACE OF DEATH: COUNTY Prince George — MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George Gen'l

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr. Geo.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bradbury Heights; STREET ADDRESS (If rural, give location) 5310 U. Street

3. NAME OF DECEASED (Type or Print): (First) Fred (Middle) (Last) Suthard

4. DATE OF DEATH: (Month) June (Day) 4 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): D

8. DATE OF BIRTH: Aug 27 - 1894

9. AGE last birthday: 56 yrs. If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter

10b. KIND OF BUSINESS OR INDUSTRY: Self employed

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Chart

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Bronchio pneumonia	3 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hepatic insufficiency	several weeks
	(c) Cirhosis of the liver	years

551.0

124b

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 28, 1950, to June 4, 1950, that I last saw the deceased alive on June 4, 1950, and that death occurred at 11 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Ronald S. Flinchum Asst. ADDRESS: 5432 Queens Chapel Rd Hyattsville, Md DATE SIGNED: 6/5/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial DATE: June 8 - 1950 NAME OF CEMETERY OR CREMATORY: Washington Meth. LOCATION (City, town, or county) (State): Suitland Md

DATE REC'D BY LOCAL REG.: 6/5/50 REGISTRAR'S SIGNATURE: Amanda Downey

24. FUNERAL DIRECTOR ADDRESS: Simmons Bros. 2007 Nichols Ave S.E. Washington D.C.

308V9

RECEIVED
JUN 6 1950
BUREAU V. S.

06477

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 242

1. PLACE OF DEATH: COUNTY Prince George's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Maryland Park
LENGTH OF STAY (In this place) 5 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6500 D Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr. Geo
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Maryland Park
STREET ADDRESS (If rural, give location) 65 D Street

3. NAME OF DECEASED (Type or Print) (First) Barbara (Middle) Mary (Last) Trout

4. DATE OF DEATH (Month) June (Day) 19 (Year) 50

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Marries

8. DATE OF BIRTH 12/2/1883

9. AGE last birthday 66 yrs. If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Herman Miller

14. MOTHER'S MAIDEN NAME Rosa Reimold

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Rose B. Gray

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) Coronary occlusion

131a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiovascular renal disease

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE James T. Boyd (Degree or title) M. D. ADDRESS Forestville, Md. DATE SIGNED 6/19/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE THEREOF 6/21/50 NAME OF CEMETERY OR CREMATORY Congressional LOCATION (City, town, or county) Washington DC (State)

DATE REC'D BY LOCAL REG. 6-20-19 REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR F. Gesch & Sons Hyattsville Md ADDRESS

Carrie F. Campbell

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUN 23 1950
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06478

CERTIFICATE OF DEATH

Reg. Dist. No. 239

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince George — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel | LENGTH OF STAY (In this place) 60 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Pr. Geo
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel
STREET ADDRESS (If rural, give location) Cherry Lane

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Della	Virginia	Tucker	June	25	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
F	W	married	April 16 1882	68 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife	home	Takoma Park D.C.	USA

13. FATHER'S NAME: Joseph Barnes

14. MOTHER'S MAIDEN NAME: Mary E. Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
no			John Tucker

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Myocarditis - Endocarditis	?
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension -	
	(c)	

443 x
92 e

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/5, 19 47, to 6/21, 19 50, that I last saw the deceased alive on 6-25, 19 50, and that death occurred at 7:30 A.M., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
[signature]		Laurel Md	6-27-50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	6/28/50	Ivy Hill Cemetery	Laurel Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
June 27-1950	M. Bradshaw	DeWitt Davidson	Laurel Md.

VS. A15

RECEIVED
JUN 29 1950
BUREAU V. S.

06479

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince George's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Tuxedo
LENGTH OF STAY (in this place) 31 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Prince George's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Tuxedo Md
STREET ADDRESS (If rural, give location) 2404 - 59th Ave

3. NAME OF DECEASED (Type or Print) (First) RAYMOND (Middle) KEMPFIELD (Last) WATTS

4. DATE OF DEATH (Month) June (Day) 8 (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 2/25/1882
9. AGE last birthday 68 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired
10b. KIND OF BUSINESS OR INDUSTRY Fireman
11. BIRTHPLACE (State or foreign country) Md
12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME Jacob Watts
14. MOTHER'S MAIDEN NAME Mattie Lowman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Mary V. Watts Tuxedo Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

2040 Immediate cause (a) Chronic Lymphatic Leukemia — 5 years

74a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 1, 1948, to June 8, 1950 that I last saw the deceased alive on June 8, 1950, and that death occurred at 1 A m., from the causes and on the date stated above.

SIGNATURE George I. Eppard (Degree or title) ADDRESS 3304 Ala. Ave S.E. DATE SIGNED 6-9-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 6/12/50
NAME OF CEMETERY OR CREMATORY Cedar Hill
LOCATION (City, town, or county) (State) Suitland Md

DATE REC'D BY LOCAL REG. 6/11/19 50
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR F. Gasch's Sons Hyattsville Md ADDRESS

442 99

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 13 1950
BUREAU V. S.

06480

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 239

M

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Laurel Pr Geo MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS — Laurel Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Prince Georges COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel, Maryland
STREET ADDRESS (If rural give location) 327 Laurel Ave

3. NAME OF DECEASED (Type or Print) (First) Alice (Middle) Elizabeth (Last) White
4. DATE OF DEATH (Month) June (Day) 19 (Year) 1950
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH Feb. 25, 1876
9. AGE last birthday 74 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Ohio
12. CITIZEN OF WHAT COUNTRY? W.O.
13. FATHER'S NAME Alexander Journey
14. MOTHER'S MAIDEN NAME Mary Anne Cooper
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No. none
17. INFORMANT Dora G. White

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carcinoma Pancreas.

157X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) —

46g (c) —

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none.

19a. DATE OF OPERATION apr 25 50
19b. MAJOR FINDINGS OF OPERATION Carcinoma Pancreas
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURRED ~~While at Work~~ ☐ ~~Not While At work~~ ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 3/27, 1950, to 6/19, 1950, that I last saw the deceased alive on 6/19, 1950, and that death occurred at 2 30 h m., from the causes and on the date stated above.

SIGNATURE N B Renard (Degree or title) ADDRESS Laurel Md DATE SIGNED June 20 - 1950

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF June 21, 1950
NAME OF CEMETERY OR CREMATORY Lorraine Park Cemetery
LOCATION (City, town, or county) (State) Baltimore, Md
DATE REC'D BY LOCAL REG. June 20-1950
REGISTRAR'S SIGNATURE M. Brashears
24. FUNERAL DIRECTOR W. R. Selby ADDRESS Laurel, Md

RECEIVED
JUN 22 1950
BUREAU V. S.

AGE: m.i.form filmed 6-26-50 G126 LL

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06481

CERTIFICATE OF DEATH

Reg. Dist. No. 239

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oak Crest | LENGTH OF STAY (in this place) 16 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS R. F. D

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oak Crest — Laurel R. F. D
STREET ADDRESS (If rural, give location) Near Laurel

3. NAME OF DECEASED (Type or Print): (First) Lawrence (Middle) (Last) Williams

4. DATE OF DEATH: (Month) June (Day) 17 (Year) 1950

5. SEX: M

6. COLOR OR RACE: C

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Dec 2 1883

9. AGE last birthday: 66 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer-Janitor

10b. KIND OF BUSINESS OR INDUSTRY: Sanitary Com. Wash.

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: James Williams

14. MOTHER'S MAIDEN NAME: Mina Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no | (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: 218-28-0144

17. INFORMANT AND ADDRESS: Wife

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Hemorrhage	Immed.
443X Antecedent cause(s)		
93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive Cardio Vascular Dis	10 Yrs
	(c) Generalized Arteriosclerosis	10 Yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-6-, 1946, to 6-17-, 1950, that I last saw the deceased alive on 6-17-, 1950, and that death occurred at 12:30 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

J. M. Warren M.D. Laurel Md 6/17/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: 6/19/50 | NAME OF CEMETERY OR CREMATORY: Bowens | LOCATION (City, town, or county) (State): Anne Arundel Md

DATE REC'D BY LOCAL REG.: June 19-50 | REGISTRAR'S SIGNATURE: M. Bradshaw | 24. FUNERAL DIRECTOR: Bridges Selby | ADDRESS: 401 Wash Ave Laurel Md 740 18

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
JUN 21 1950
BUREAU T. S.

06482

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH:

County: Prince George Co

City or town: Takoma Park Md (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 1 yr

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland County: Prince George

City or town: Takoma Park (If outside city or town limits, write RURAL and give nearest town)

Street No. 7105 N H ave (If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME Thelma Hart Wright

3.(b) Social Security Number

4. Sex: F

5. Color or race: Colored

6.(a) Single, married, widowed, or divorced: Married

6.(b) Name of husband ~~or wife~~: George Wright

6.(c) If alive, give age 34 years

7. Birth date of deceased (mo., day, yr.): Dec 12, 1917

8. AGE: Years 32? Months Days If less than one day ..... hrs. ..... min.

9. Birthplace: Ala (Town, county, and state)

10. Usual occupation: None

11. Industry or business

FATHER 12. Name: Will Cold

13. Birthplace: Ga

MOTHER 14. Maiden name: Emma Preater

15. Birthplace: Ala

16. Informant: George Wright

Address: 7105 N.H. ave

17. (Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)

Cemetery or crematory

Location

18. Funeral director: W Ernest Jarvis Co

Address: 1432 Yor St NW

19. June 26 1950 James Sevey (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 26 1950 at 7:20 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 5 1950, to June 26 1950 and that I last saw her alive on June 24 1950

Immediate cause of death: (1) Bilateral pulmonary tuberculosis - far advanced

DURATION: 6 Months

Due to

Due to

Other conditions: 002X 13b (Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

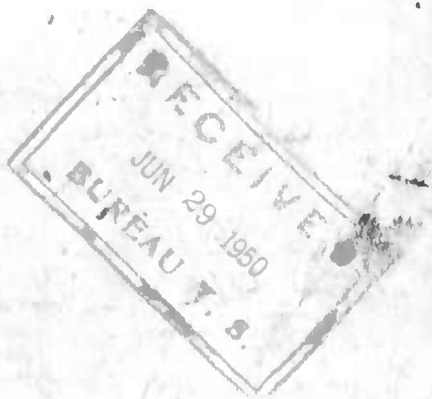
23. SIGNATURE: Emerson A Williams M. D. or other

Address: 1206 Kenyon St. NW Date signed 6-26-50

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 19-45-15M


RECEIVED
JUN 29 1950
BUREAU T. S.

06483

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 243

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glenn Dale (Rural)
LENGTH OF STAY (in this place) 3½ months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenn Dale Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D.C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 806- N. St., N.W.

3. NAME OF DECEASED (Type or Print) (First) IVRY (Middle) (Last) WYLIE

4. DATE OF DEATH (Month) June (Day) 25th (Year) 1950

5. SEX Male

6. COLOR OR RACE Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) single

8. DATE OF BIRTH 2/22/06

9. AGE last birthday 44 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) hotel porter

10b. KIND OF BUSINESS OR INDUSTRY -

11. BIRTHPLACE (State or foreign country) Edgemoor, Chester Co., S.C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Joe Wylie

14. MOTHER'S MAIDEN NAME Fannie Houze

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT AND ADDRESS Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Tuberculosis

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH 5½ mos

002x

13b

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/8, 1950, to 6/25, 1950, that I last saw the deceased alive on 6/25, 1950, and that death occurred at 1:55 P m., from the causes and on the date stated above.

SIGNATURE Daniel Leo Finucane (Degree or title) M.D.

ADDRESS Glenn Dale Sanatorium, Glenn Dale, Md.

DATE SIGNED 6/25/50

23. BURIAL, CREMATION REMOVAL (Specify)

DATE THEREOF 6/26/50

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county) (State) Washington D.C.

DATE REC'D BY LOCAL REG. 6/26/50

REGISTRAR'S SIGNATURE Moe Weiss

24. FUNERAL DIRECTOR John T. Plimester

ADDRESS 901-3 S.W.

75087

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 3 1960
BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

06484

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 345

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince Georges; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Edmonston; LENGTH OF STAY (in this place) 2 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5406 Decatur Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Edmonston
STREET ADDRESS (If rural, give location) 5406 Decatur Street

3. NAME OF DECEASED (Type or Print): (First) PIETRO (Middle) (Last) ZACCARIN

4. DATE OF DEATH: (Month) June (Day) 14th, (Year) 19 50

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: 11/29/1875

9. AGE last birthday: 74 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Building Trade

11. BIRTHPLACE (State or foreign country): Italy

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): none

16. SOCIAL SECURITY NO.: 578-01-5100

17. INFORMANT: Esther Zaccarin

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Meningitis

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
442X
82
(b) Waterhouse Friedrichsons Syndrome
(c) Cardiovascular renal disease

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy* ☒, *Inspection* ☒, *Inquiry* ☒ *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John D. Maloney M.D. Dep. Med Exam - Cheverly - Hyattsville Md 6-14-50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 6/17/50
NAME OF CEMETERY OR CREMATORY: Fort Lincoln Cem
LOCATION (City, town, or county) (State): Colmar Manor, Md

DATE REC'D BY LOCAL REG.: June 15, 1950
REGISTRAR'S SIGNATURE: James Seery
24. FUNERAL DIRECTOR ADDRESS: W.W.Chambers Company, Riverdale, Md.

VS. AIBA T

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RECEIVED
JUN 19 1950
BUREAU V. S.